

Summons Number:

Notary Public/Clerk of Court

NEW KENT COUNTY SHERIFF'S OFFICE AFFIDAVIT TO CHANGE RESPONSIBLE PARTY

Mail This Form To: New Kent General District Court

District Court Hearing Request Form P.O. Box 127 New Kent, VA 23124

Vehicle License Plate Number:		Sta	State:	
If the registered owner of the vehicle received a notice of summons for speeding but was not operating the vehicle at the time the violation occurred, the owner of a vehicle may present an Affidavit to change responsible party by mail or, in open court to rebut the assumption that you, as the registered owner, were operating the vehicle at the time of the alleged violation. *NOTE: This affidavit does not constitute as a request for a hearing, that form is located under the "Contest your Citation" tab of the website where this form was found.				
You must accurately write the entire Summons Number that appears in the box in the upper right of the front of the Notice of Summons. Also, please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. Information of the person who was operating the vehicle at the time of the alleged violation must be provided below and notarized. If proper information is not provided, the request will be invalid.				
I received the Notice of Summons number listed above. At the time of the violation,				
 □ Another party was operating the vehicle at the time of the violation. The designated party who may be held liable for the violation is provided below. (ALL INFORMATION MUST BE COMPLETED) □ Vehicle was stolen and was operated by a person other than the registered owner (include copy of the police report) □ Vehicle license plate and/or tag was stolen (include a copy of the police report) □ Commercial motor vehicle and the ticket is issued to a corporate entity *I declare under penalty of perjury under the laws of the State of Execution of this form that the* 				
information provided in this d				
Your Signature			Date	
Print your name			Your telephone number	
Your Street Address	City	State	Zip Code	
DESIGNATED PARTY:				
	Print Drivers r	name		
Street Address of Driver	City	State	Zip Code	
State of:				
County of:				
SUBSCRIBED AND SWORN to before me	e on this da	ay of	, 20	