

GLADE SPRING, VA POLICE DEPARTMENT **AFFIDAVIT OF REBUTTAL**

| Summons Number: (Full Number) | License Plate Number: | License Plate State: | | | | | | | |
|--|-----------------------|----------------------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| Under C.O.V. § 46.2-882.1, the registered owner receiving the summons, but was not operating the vehicle at the time the violation | | | | | | | | | |
| occurred, may present an Affidavit of Rebuttal. The affidavit must be filed within 30 days of the issue date. Please write clearly and | | | | | | | | | |

make sure you record the information accurately. Information of the person who was in care, custody, or control of the vehicle at the time of the alleged violation must be provided below and the form must be notarized. All fields are required unless otherwise stated. Incomplete forms will be denied.

| Registered Owner's Information | | | Driver's Information | | | | | | |
|---|-----------|---|----------------------|--|---------------------------------|-------------------|------|----------------------|--|
| Printed Name: | | | | Printed Name: | | | | | |
| | | | | | | | | | |
| Street#: | Street Na | Name: Apt/Unit/Lot# | | | Street #: Street Name: | | | | |
| Juccur. | Street No | ille. | | Apt/Offit/LOG# | Street #. | Street Name. | | | |
| | | | T _ | | | | | | |
| City: State: | | Zip: | Apt/Unit/Lot#: | | | | | | |
| | | | | | | | | | |
| Registered Owner's Signature | | Date: | City: | | | | | | |
| | | | | | | | | | |
| Phone #: | | | | State: Zip: | | Zip: | | | |
| Hone #. | | | | otate. | | .p. | -ip. | | |
| | | | | | | | | | |
| I received the s | summons a | nd at the time of the | e violation, | | | | | | |
| A | | and the second telescope | On a Carra of | de e de la decembra de la constante de la cons | la afana a ta al la ando codo a | and the bald Pabl | | Caladan Canana dalah | |
| ☐ 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 | | | | | | | | | |
| above. | above. | | | | | | | | |
| □ Vehicle was stolen and was operated by a person other than the registered owner (include copy of the police report) | | | | | | | | | |
| — verilide 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) | | | | | | | | | |
| = 1 5 not not place and a lag had bloom (molado a bop) of the police reporty | | | | | | | | | |
| □ Commercial motor vehicle and the ticket is issued to a corporate entity) | | | | | | | | | |
| | | | | | | | | | |
| | | State of: County of: | | | | | | | |
| | | State St. | | | | | | | |
| | | SUBSCRIBED AND SWORN before me on thisday of, | | | | | | | |
| | | 33, 5 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | Notary Public | | | | | | | |
| | | | | | | | | | |

Mail, Fax, or Email This Form To: **Washington General District Court** 191 East Main Street Abingdon, VA 24210-2858

For any questions, Contact us: By Phone: 1-855-252-0086

*I declare under penalty of perjury under the laws of the State of Execution of this form that the information provided in this declaration is true and correct to the best of my knowledge. *