



# Girard Municipal Court

## AFFIDAVIT FOR TRANSFER OF LIABILITY

Notice of Violation Number: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

If the registered owner of the vehicle received a ticket for a civil traffic law violation but was not operating the vehicle at the time the violation occurred, Ohio law, **ORC 4511.098** authorizes the owner of a vehicle to transfer the citation and penalty to a designated person who was operating the vehicle at the time the violation occurred. To transfer liability in accordance with this statute, an affidavit in a form approved by the Court must be filed within **30 days after receipt of the ticket**.

You must accurately write the entire Notice Number that appears in the box in the upper right of the front of the Notice of Violation. Please write clearly and make sure you record the information accurately. Check the box that applies. The name and address of the designated party must be provided. The affidavit must be signed in front of a notary public.

**I received the Notice of Violation 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 Ohio that the information\*  
provided in this declaration is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Your telephone number

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**DESIGNATED PARTY:** \_\_\_\_\_  
Print Drivers name

\_\_\_\_\_  
Street Address of Driver

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

State of \_\_\_\_\_:

County of \_\_\_\_\_: SS

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Mail or fax this affidavit to:

**GIRARD MUNICIPAL COURT  
PROCESSING CENTER-CITY OF GIRARD  
4411 Oakwood Drive  
Chattanooga, TN 37416  
Fax: 423.803.1500**