

# Fleischer Law Office, PLLC

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## Traffic Interview/ Driving Record Request (\$12)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pending Charge: \_\_\_\_\_

Pending Court Date: \_\_\_\_\_