



Traffic Questionnaire

- 1) Full Name _____ Phone _____
- 2) Mailing Address _____
- 3) Email _____
- 4) Can we communicate with you through this email address ____ Yes ____ No
- 5) Social Security # (for driving record) _____
- 6) Driver's License # _____ State _____ Issue Date _____
- 7) Pin # (see obtaining driving pin section on site) _____
- 8) Date of Birth _____
- 9) Do you have a CDL or any license other than a regular class C driver's license? Yes or No (circle one)
- 10) Have you received a traffic conviction in the past 3 years? Yes or No (circle one)
- 11) Date of your last traffic conviction _____ Type of conviction _____
- 12) Are you the **ONLY PERSON** on your insurance policy? Yes or No (circle one)
If No, has any other member of your family received a PJC in the past 3 years? Yes or No (circle one)
- 13) Have you received a PJC in the last 3 years? Yes or No (circle one)
- 14) Would you be willing to take a driving class to reduce or dismiss the charge? Yes or No (circle one)

By signing below, I confirm that the statements provided above are accurate to the best of my knowledge.

Client Signature _____ Date _____

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