

Acknowledgement of Drug Suspension
Waiver of Appearance

Name of Defendant: _____
(print)

Agency Issuing Charge: _____

Ticket Number: _____

Date of Citation: _____

The undersigned acknowledges that by waiving my appearance in court and entering a plea of guilty to Possession of Marijuana that my license will be suspended by the Court for a period of 180 days.

Defendant may apply for limited driving privileges. Privileges are subject to random drug testing at Defendant's cost. Positive tests shall result in a revocation of privileges.

Date: _____

(Signature of Defendant)