

**DRIVER IMPROVEMENT SCHOOL
MUNICIPAL COURT OF KNOXVILLE
800 East Church Avenue
Knoxville, TN 37915
PHONE: 865-215-7474 / FAX: 865-215-7440
www.citycourt.net**

BEFORE YOU START: To be eligible, you must submit with this form with payment and authorization from a Judge or the Department of Safety / Licensing Bureau of your licensing state. You must also have a valid driver license. After completing this form, you must submit this form at the Municipal Clerk's Office before you can attend traffic school. PLEASE PRINT.

Date: _____ Date Received _____

Citation #(s): _____ Charge(s): _____

This is to request authorization for the following person to attend the Driver Improvement School:

Name:	Sex:	Driver License#:	
		Issuing State:	
Address:	Date of Birth:	SSN:	Phone Number:

PLEASE DO NOT WRITE IN SHADED AREAS (FOR CLERK & INSTRUCTOR USE ONLY)

You are to attend the school on the following date(s):

Attendance Record: 1 2 3 4

Final Grade: _____ Instructor: _____

(Agency/Person Authorizing Attendance at School)

NOTE TO INSTRUCTOR: This form must be returned to the Knoxville Municipal Court by the day after the defendant completes the class.

Defensive Driving School Fee: \$50.00	Date Paid: _____
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I, the undersigned, understand that if I fail to attend or complete both classes of the defensive driving school, my fee of \$50.00 is forfeited and I am to pay all fines and costs as assessed on my citation. I also understand that if I fail to attend the school and/or return to court to pay fines and costs on designated court dates, I am subject to arrest for failure to appear in court.

Defendant Signature _____
Date