

<b>State of Alabama</b> <b>Unified Judicial System</b> <b>Form UTTC-19 Rev. 8/09</b>		<b>COURT REPORT</b> <b>TO THE DEPARTMENT OF PUBLIC SAFETY, STATE OF ALABAMA, OF A CONVICTION OR ADJUDICATION</b> <b>REQUIRING SUSPENSION OR REVOCATION OF DRIVERS LICENSE WHERE NO UTTC HAS BEEN ISSUED</b> <b>This Report Contains Confidential Information on a Juvenile or Youthful Offender    <input type="checkbox"/> YES    <input type="checkbox"/> NO</b>																	
CASE NUMBER		ALABAMA, COUNTY OF		CO		CITY		COURT ORI NUMBER			OFFENSE DATE								
								AL			J	Month	Day	Year					
NAME: First		Middle/Maiden			Last			DRIVER'S LICENSE NUMBER											
								STATE					CLASS						
Alias, If Known		SEX		RACE		DATE OF BIRTH													
Street Address																			
City		State			Zip			SOCIAL SECURITY NUMBER											
PLACE OF OFFENSE				City and/or County				OFFENSE CHARGED											
COMMERCIAL MOTOR VEHICLE				<input type="checkbox"/> Yes		<input type="checkbox"/> No		HAZARDOUS MATERIAL INVOLVED				<input type="checkbox"/> Yes		<input type="checkbox"/> No					
PASSENGER VEHICLE (requiring passenger endorsement)				<input type="checkbox"/> Yes		<input type="checkbox"/> No		CDL REQUIRED				<input type="checkbox"/> Yes		<input type="checkbox"/> No					
CONVICTED / ADJUDICATED OF			DATE			CODE SECTION / MUNICIPAL ORDINANCE VIOLATED													
			Month	Day	Year														
<input type="checkbox"/> CIRCUIT			<input type="checkbox"/> DISTRICT			<input type="checkbox"/> MUNICIPAL			<input type="checkbox"/> JUVENILE COURT OF				FINE	COSTS		TOTAL	JAIL TERM		
													Years	Months	Days				
Street Address				TELEPHONE NUMBER															
				( ) -															
City		State			Zip			COURT ORDERED SUSPENSION _____ MONTHS											
INPATIENT TREATMENT ORDERED				<input type="checkbox"/> Yes		<input type="checkbox"/> No		LICENSE DESTROYED (DATE) ____/____/____				ISSUANCE DATE ____/____/____		ISSUANCE NUMBER ____					
DISTRIBUTION:				<b>I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT ABSTRACT OF THE RECORD OF CONVICTION OF SAID PERSON IN THIS COURT.</b>															
Part 1 - DPS Reporting Copy																			
Part 2 - Court Record Copy																			
License Attached <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of Report _____					Judge/Clerk Signature _____										