



INSURANCE VERIFICATION FORM

DATE: _____ TIME: _____ CASE #: _____

I hereby swear that the information on proof of insurance provided to the Court is true and correct.

Signature of Defendant

Print (Clearly) Name of Defendant

Date

Insurance Co.: _____ Phone#: _____
(If different than # on Card)

Date of (No Liability Insurance) Offense: _____
Month/Day/Year

The insured/defendant was (check answer below):

1. Insured at time of Offense NOT Insured at time of Offense
2. Insured on this day NOT Insured on this day

Person spoken to at insurance company:

Any additional response of insurance company:

A COPY OF THE DEFENDANT'S INSURANCE PAPERS, DRIVERS LICENSE OR ID SHOULD BE ACQUIRED. (IF NOT, EXPLAIN WHY)

Please keep this form with all paperwork collected until Judge or prosecutor comes to review the case, when applicable.