

DRIVER IMPROVEMENT PROGRAM REGISTRATION/ELIGIBILITY

REGISTRANTS MUST CAREFULLY REVIEW PROGRAM ELIGIBILITY REQUIREMENTS LISTED BELOW

- Only persons cited for the following violations are eligible for this program:
 - **Speeding (1-20 mph over speed limit) (T.C.A. 55-8-152)**
 - **Drivers to Exercise Due Care (T.C.A. 55-8-136)**
 - **Failure to Obey a Traffic Control (T.C.A. 55-8-109)**
 - **Failure to Obey a Traffic Signal (T.C.A. 55-8-110)**
 - **Failure to Yield Right-of-Way (T.C.A. 55-8-130)**
 - **Failure to Yield (Entering from private drive) (T.C.A. 55-8-131)**
 - **Following too Closely (T.C.A. 55-8-124)**
 - **Stop Signs (T.C.A. 55-8-149)**
 - **Turning at Intersections (Driving in Center Lane) (T.C.A. 55-8-140)**
 - **Crash Helmet Required (T.C.A. 55-9-302)**
 - **Move Over Law (T.C.A. 55-8-132)**
 - **Improper Passing (T.C.A. 55-8-118)**
 - **First Offense Hands Free Device Law (this charge only is \$93.50) (T.C.A. 55-8-199)**
- You are not eligible if you have attended a driver improvement course or traffic school in any jurisdiction within the past two years.
- You are not eligible if you were cited for speeding in a school zone or a construction zone.
- You are not eligible if you are a holder of a Commercial Drivers License.
- You must prepay your court costs (\$233.00) and program fees (\$78.50), in full (total \$311.50), none of which are refundable, to the General Sessions Court Clerk's Office.
- You must register and complete the program 72 hours prior to the trial date shown on your citation. This is the only Driver Improvement Program that has been approved by the General Sessions Court of Montgomery County.
- If the citation contains multiple offenses that are eligible and you desire to take the Driver Improvement Program you must appear in court for the Judge to make a ruling.

I, _____, swear and affirm that I have reviewed the Driver Improvement Course eligibility requirements and I hereby declare under the penalty of perjury that I meet the eligibility requirements.

Signature of Registrant

Date

Name: _____
First Middle Last

Address: _____
Street

City State Zip Code

Telephone: (____) _____ Email: _____

Ticket #: _____ Case #: _____ DOB: _____ DL #: _____

Scheduled Class Date / Time: _____