

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.

Date: _____

(signature of Defendant)