

ROCK HILL MUNICIPAL COURT

**REQUEST FOR CONSIDERATION OF POINT REDUCTION
FOR A FOUR POINT SPEEDING VIOLATION**

**IF YOU ARE NOT REPRESENTED BY AN ATTORNEY,
PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Defendant Name: _____

Mailing Address: _____

Street Address (If different): _____

City, State and Zip Code: _____

Telephone Number(s): _____ Cell #: _____

Ticket Number: _____ Email Address: _____

I have been charged with Speeding, 11-24 miles per hour over the posted speed limit, (a four point violation). I have not received a point reduction within the past 12 months in this court.

I hereby request consideration to enter a plea of guilty to speeding, less than 10 miles an hour over the posted speed limit (a 2 point violation).

I understand if this plea is granted, my fine will also be reduced.

I understand this request is not guaranteed, I will be contacted by a staff member of the court after receipt of this request and a decision has been made.

I understand I must mail, or hand deliver my request to the court prior to the court date on my ticket, using the Court's information listed below.

Defendant's Signature

Date of request

ROCK HILL MUNICIPAL COURT
120 EAST BLACK STREET
ROCK HILL, SC 29730

If you have questions concerning this form, please call 803-329-5695 for assistance.