

## FORM 37.B RECORD OF CONVICTION

<b>DOR USE ONLY</b>	Add Points.	Viol. Code	Description Code	Sent. Code	License Surrendered
DOR Microfilm No.					
Arr. Agency ORI <b>MO</b>		Arr. Agency Name			Arr. No.
Date of Violation		Location			At Time <span style="float: right;">Hrs.</span>
Name (Last, First, Middle)					
Street Address					
City, State and Zip					
Date of Birth		Sex	Race	Height	Weight
Driver's License No.				CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	State
<i>Department of Revenue use only – Do not write in this space</i>					
Court ORI Number <b>MO</b>			Court Name		
Court Case Number			Disposition Date		
Mo. Charge Code as Disposed		Posted Speed _____ mph		Commercial Motor Veh (CMV) <input type="checkbox"/>	
Description of Offense as Disposed		Driving Speed _____ mph		CMV with Hazardous Materials <input type="checkbox"/>	
Original Charge _____ <input type="checkbox"/> RSMo _____ <input type="checkbox"/> ORD		Charge as Disposed <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Infraction _____ <input type="checkbox"/> RSMo _____ <input type="checkbox"/> ORD		<input type="checkbox"/> IN FATAL ACCIDENT <input type="checkbox"/> IN ACCIDENT <input type="checkbox"/> DWI/BAC	
Fine Ordered \$		Days of Confinement Ordered		Seat Belt Violation \$ FINE	
<input type="checkbox"/> SUSPENDED IMPOSITION OF SENTENCE (SIS)			<input type="checkbox"/> SENTENCE SUSPENDED (SES)		
Probation Term			Days Suspended _____ Fine Suspended _____		
Mandatory Insurance <input type="checkbox"/> Order of Supervision DO NOT ASSESS POINTS <input type="checkbox"/> Order of Suspension ASSESS POINTS <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> DRIVER IMPROVEMENT (IN LIEU OF POINT ASSESSMENT)					
LICENSE SURRENDERED AT CONVICTION <input type="checkbox"/> Yes <input type="checkbox"/> No			PROPERTY DAMAGE/PERSONAL INJURY RESULTED FROM VIOLATION. ASSESS TWO ADDITIONAL POINTS. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bond Forfeiture: <input type="checkbox"/> Yes <input type="checkbox"/> No		Defendant represented by counsel <input type="checkbox"/> Yes <input type="checkbox"/> No		Waived right to counsel in writing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Judge				Lawyer Judge <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THIS TO BE A TRUE ABSTRACT OF RECORD IN THIS CASE. Name and Title					