

FORM 37-B RECORD OF CONVICTION

DOR USE ONLY	Add Points.	Viol. Code	Description Code	Sent. Code	License Surrendered
DOR Microfilm No.					
Arr. Agency ORI MO		Arr. Agency Name			Arr. No.
Date of Violation		Location			At Time Hrs.
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 MO			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					