

WORTHINGTON VIOLATIONS BUREAU
6550 N.HIGH ST.
WORTHINGTON, OHIO 43085
Phone (614) 786-7351 / Fax (614) 433-7915

Credit Card Payment Form

Defendant Name (Print) _____ **Ticket Number** _____

I, the undersigned defendant, do hereby enter my written plea of guilty to the offense(s) charged in this ticket. I realize that by signing this guilty plea I admit my guilt of the offense(s) charged and waive my right to contest the offense in a trial before the court. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I plead guilty to the offense(s) charged.

Signature of Defendant Date

Include Proof of Insurance(If current proof was not shown to the police officer).

Visa/Mastercard Account Number

Expiration Date

Authorized Amount

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Cardholder Signature **Date** **()** **Phone**

Please print: Name of cardholder _____

Address _____ **City/State** _____ **Zip** _____

FAX PAYMENT TO: (614) 433-7915

Payment is due 7 days after the day the citation was issued. If payment is not received on or before your court date you are required to appear in court. If you have any questions, please call the clerk's office at (614)786-7351, Monday-Friday between the hours of 8:00am & 5:00pm.