



Rhode Island
Traffic Tribunal

670 New London Avenue
Cranston, Rhode Island 02920-3081
(401) 275-2700

APPEAL FORM

Rhode Island General Laws §§ 8-18-9, 31-41.1-8 or 31-31-2 establishes the right to appeal within to (10) days of notice of decision. The fee for this appeal is twenty-five (\$25.00) dollars.

You must complete this form and state your reasons for this appeal on the second page of this form. (Attach additional pages if necessary.) If your appeal does not show sufficient grounds, it will be denied.

Failure to file this APPEAL FORM and pay the fee within ten (10) days of decision will deny your opportunity for an appeal.

This is an appeal from a decision by:

- Traffic Tribunal
- Municipal Court
- Registry of Motor Vehicles
Safety Responsibility Section

COMPLETE THE FOLLOWING:

Last Name	First Name	MI
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Address (Number and Street, City, State and Zip Code)	Telephone # Home	Work
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Date of Hearing	Location	Time	Summons No. or Case No.
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License Number	State	Date of Birth
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ATTORNEY OF RECORD MUST FILL OUT THE FOLLOWING:

Name	Bar Registration Number
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Address

City	State	Zip Code	Telephone No.
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**Request for Audio Recording/Waiver
(\$10.00 Fee Per Audio Recording)**

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone: Home (____) _____ Work(____) _____

Trial Information

Please provide all trial dates if trial was continued.

Summons Number: _____ Trial Date(s): _____

Motorist's Name: _____

Hearing Date: _____ Courtroom & Time: _____

Hearing Type: _____ Judge: _____

**ALL TAPES ARE TO BE REQUESTED & PICKED UP IN PERSON AT THE
TRAFFIC TRIBUNAL, 670 NEW LONDON AVENUE, CRANSTON, RI 02920**



Signature: _____

Date: _____

If the recording is being requested for appeal purposes, one (1) original certified transcript and three (3) copies of the transcript must be submitted to the court ten (10) days prior to the appeal hearing.

Waiver

The appeals clerk has thoroughly explained the audio recording process to me; however, I wish to waive my right to a copy of my arraignment/trial/motion/appeal panel audio recording.

I hereby waive my right to a copy of the trial/appeal tape.

Signature: _____

Date: _____



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PROOF OF SERVICE FORM

FOR CASE NUMBER (OR SUMMONS NUMBER): _____

COURT DATE: _____

I hereby certify that on _____ I served a certified copy of the APPEAL FORM to:

- () Department of the ATTORNEY GENERAL (for Breathalyzer Cases Only)
- () POLICE DEPARTMENT (For Traffic Tribunal or Municipal Court Appeals)
- () REGISTRY OF MOTOR VEHICLES (For Safety Responsibility Appeals)

Appellant's Name

Signature

Serve By: _____

ACKNOWLEDGMENT OF SERVICE

On _____ I acknowledge receipt of service of the CERTIFIED COPY of the PETITION FOR REVIEW OF AGENCY DECISION.

Signature

Date