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STP PROGRAM

PRE-TRIAL INTERVENTION SPEED TERMINATION PROGRAM
VOLUNTARY REQUEST AND ACKNOWLEDGMENT FORM

I acknowledge that I have elected to have my traffic citation described below entered into the Pre-Trial Intervention Speed Termination Program administered by the 14th Judicial District Attorney's Office. I have made this election voluntarily and of my own free will. This election is contingent upon my prompt and faithful execution of the following conditions:

- 1) I certify that I have carefully read the enclosed driver safety information brochure.
- 2) I will drive safely in order to avoid receiving any moving traffic citations.
- 3) I have enclosed a MONEY ORDER/CASHIER'S CHECK for the proper amount made payable to DISTRICT ATTORNEY STP.
- 4) I have signed and enclosed this form with my payment.

The intervention program terminates one year from this date. If I have satisfactorily completed the above conditions, my traffic citation will be dismissed.

NOTE: PLEASE FILL OUT THE SECTION BELOW AND RETURN THIS FORM WITH YOUR PAYMENT BY THE COURT DATE.

_____ Date Signed: _____
SIGNATURE

Printed Name _____

Ticket Number _____

Court Date _____

Contact Phone _____

Correct/New Mailing Address _____

JD/mf