

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

COMMONWEALTH OF VIRGINIA

VERSUS

CASE # _____

Defendant Name

PRO-SE NOTICE/MOTION FORM

Please take notice that on **FRIDAY** the _____ day of _____, _____, at 9:00 a.m., the above named defendant requests a hearing for:

- Motion for Court Appointed Attorney
- Motion for Restricted License (the following documents **must** be attached)
 - Completed Restricted License Information Sheet
 - DMV Transcript (**must be no older than 30 days**)
 - DMV Compliance Summary (**must be no older than 30 days**)
- Other: _____

Defendant's Signature

Please **PRINT** the following information:

Current mailing address: _____

Daytime Telephone Number: _____ - _____ - _____

I hereby certify that a true copy of the foregoing was Hand delivered Mailed this _____ day of _____, _____ to:

Office of the Commonwealth Attorney
4110 Chain Bridge Road, Room 114
Fairfax, Virginia 22030

City of Fairfax Attorney
3955 Chain Bridge Road, Second Floor
Fairfax, Virginia 22030

Town of Herndon Attorney
215 Depot Court SE Ste 305
Leesburg, Virginia 20175

Town of Vienna Attorney
c/o Clerk, Town of Vienna
127 Center Street, South
Vienna, Virginia 22180

Defendant's Signature