ROLLING MEADOWS POLICE DEPARTMENT

Dedicated to Excellence

JOHN A. NOWACKI
Chief of Police

MEDIATION FORM

NAME & ADDRESS: _____

_____

_____

TICKET #: _____
(top right corner of ticket)

PHONE #: _____

E-MAIL: _____

The purpose of this form is so that you may communicate with the officer or supervisor responsible for your ticket. It is designed for situations where you had limited or no contact with the issuing officer and would like an opportunity to explain your circumstances surrounding the violation. Completion of this form **DOES NOT** relieve you of any fines or penalties associated with this ticket. You will be **notified by mail** of the **FINAL** disposition of the above listed ticket.

MEDIATION IS NOT POSSIBLE AFTER THE FINAL DUE DATE

State reason for this request: _____

_____

_____

_____

Your signature: _____ Date: _____

(If the information is not completed correctly, you will not receive a reply and will be liable for all fines and late fees. Please attach any documentation or receipts necessary to support your claim or to indicate compliance with the violation)

POLICE DEPARTMENT USE ONLY

Date received by Desk/Records: _____

Date received by Records Sergeant: _____

DISPOSITION OF TICKET

_____ **WARNING –** No fine, No further prosecution.

_____ **REFERRED FOR PAYMENT –** Amount Due $ _____ Due Date: _____

* *REFERRAL COMMENT*: _____

Authorized Signature: _____ Date: _____

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