

**LORAIN COUNTY DOMESTIC RELATIONS COURT**  
**JUVENILE DIVISION**  
**Traffic Information Sheet**

*Please provide a completed copy of this form to the Court prior to your hearing date. The form may be emailed to [juvenileclerk@lcfc.org](mailto:juvenileclerk@lcfc.org). The form may also be brought to the Court in person or mailed to the Court at 225 Court Street, Room 110, Elyria, Ohio 44035. If you have any questions, please contact (440-329-5280).*

JUVENILE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ JUVENILE'S LICENSE/ID #: \_\_\_\_\_

LICENSE/ID ISSUE DATE: \_\_\_\_\_ LICENSE/ID EXPIRATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP TO JUVENILE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP TO JUVENILE: \_\_\_\_\_