



SUPERIOR COURT OF GUAM – TRAFFIC VIOLATIONS BUREAU

Guam Judicial Center, 120 West O'Brien Drive, Hagatna, Guam 96910 • Email: traffic@guamcourts.org

Hagatna: Tel: (671) 475-3326 • 475-3121 • 475-3274 • Fax: (671)-472-2856

Northern Court Satellite: Tel: (671) 635-2505 • 635-2510

TRAFFIC CLEARANCE REQUEST FORM

The information requested on this form is required information. If fields are not filled in, this request may not be completed.

FULL NAME (Last, First, Middle Name) – Please print clearly.		Alias(es), i.e., maiden name, etc.	
Date of Birth (MM/DD/YY):	SSN:	Email Address:	Contact Number(s):
Mailing Address:		Physical Address (if different from Mailing Address):	

You are required to provide a clear scanned image (or photo) of a valid photo identification card, e.g., driver's license or passport. Provide details below:

Identification Type:	ID Number:	Issuing State:	Expiration Date:
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<input type="checkbox"/>	Description:	List amount requested:	<u>For official use:</u> Total Fees Charged:
<input type="checkbox"/>	Traffic Clearance @\$10.00 per certified document:		\$
<input type="checkbox"/>	Electronic Copy @\$1.00 per page:		\$
<input type="checkbox"/>	Photocopy @\$1.00 per page:		\$
<input type="checkbox"/>	Delivery via regular USPS First Class Mail (minimum 50¢):		\$
<input type="checkbox"/>	Other (Detail):		\$
<input type="checkbox"/>	Credit Card Convenience Fee (3.10% of amount due):		\$
		<u>TOTAL DUE:</u>	\$

Payment of court fees can be made in person by cash or check. All personal checks must be drawn on on-island banks, payable to the **Superior Court of Guam** for the exact amount due. Payment can also be made by Visa or MasterCard credit card. A credit card convenience fee of 3.10% of the amount charged will be assessed. For credit card payments, please complete the attached Credit Card Authorization Form and return, with your completed request, via email to traffic@guamcourts.org or by mail to Superior Court of Guam, 120 W. O'Brien Drive, Hagatna, Guam 96910.

BE ADVISED THAT THIS REQUEST MAY TAKE FIVE TO SEVEN BUSINESS DAYS TO COMPLETE.

Print Name and Signature: _____ Date: _____

****Requests submitted on behalf of another individual must have a written signed authorization with a copy of valid ID card of said individual attached to this request.***