

# VIOLATION TICKET NOTICE OF DISPUTE

## In the Province of British Columbia

Section 15(1), 15(2) and 15(3) of the *Offence Act* requires a dispute to contain the information in Parts A and B. The signature of the disputant or the disputant's agent is required in Part D.

Violation Ticket Number:
Court Location named on VT:
Violation Date:

### PART A

Complete this section

Surname of Disputant		Given Names	
Mailing Address			
City	Province	Postal Code	
Home Phone Number ( )	Driver's License Number	Province or State of Driver's License	
Work Phone Number ( )	Birthdate YY/MM/DD		
A notice of hearing will be mailed to the above address. You <b>MUST</b> notify the Violation Ticket Centre of any new address or change of address in writing.			

### PART B

Complete this section

**I wish to dispute the violation ticket noted above**

**Issued by:** Enforcement Organization Issuing the Violation Ticket \_\_\_\_\_ Service Date: YY/MM/DD \_\_\_\_\_

**For each count in dispute, choose either A or B or C below:**

	Count 1	Count 2	Count 3
<b>A</b> I do not agree that I committed this offence (allegation):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>or</b> I agree that I committed this offence, and I <b>want</b> to appear in court:			
<b>B</b> B1 - To request a reduction of the ticketed amount: <b>and/or</b> B2 - To request time to pay the ticketed amount:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>or</b> I agree that I committed this offence, and I <b>do not want</b> to appear in court.			
<b>C</b> C1 - I request a reduction of the ticketed amount: <b>and/or</b> C2 - I request time to pay the ticketed amount:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> As I do not want to appear in person in court, I attach a <b>violation ticket statement and written reasons</b> to request a reduction of the ticketed amount(s) and/or time to pay the ticketed amount(s).			

### PART C

Complete this section

**Please indicate if the following apply:**

I intend to be represented at the hearing by a lawyer.

I require a \_\_\_\_\_ speaking interpreter at the hearing.  
Language

I intend to call a witness.

Important Notice

**Note:** If the disputant or the disputant's agent does not attend the court hearing, the court will treat the violation ticket as not disputed, the conviction(s) to the allegation(s) will be recorded against the record of the disputant, and the prescribed ticketed amount(s) will become immediately due and payable.

### PART D

Complete this section

**Please sign below declaring that the above information is correct.**

<input type="text"/>	<input type="text"/>		
Signature of Disputant/Agent	Print Disputant's / Agent's Name		
Agent's Address	City	Province	Postal Code

**VIOLATION TICKET CENTRE CONTACT INFORMATION**

Phone Toll Free: 1-877-661-8026  
Forms are available on the website at:  
[www2.gov.bc.ca/gov/content/justice/courthouse-services/documents-forms-records/court-forms/provincial-vt-forms](http://www2.gov.bc.ca/gov/content/justice/courthouse-services/documents-forms-records/court-forms/provincial-vt-forms)

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