	yourself:	
* *	1 6 D	8
ection 5 - Representation	V	No.
Will you have a lawyer to represent you?	Yes	No No
	Ц	
f yes please provide the name, address and telephone number of your lawyer:		
ection 6 - Not Guilty Information am pleading not guilty because; \ (\{ \lambda	ics insured	to Drive on
he Date and tho	it insured	company will
show this.		
y witnesses are:	Dates to avoid (pleas	e include your dates also)
Dean Reed.	Bates to avoid (piede	o morado your datos dissy
nsurance Company.	2 from	
		1 H. a - `
could you als	o Please	set the time
	r the Aft	ernoon as
for the trial for	3, 1, 6	

