



CASA of Harford County

The Circuit Court for Harford County
101 South Main Street, Suite 303 • Bel Air, Maryland 21014
410-638-4938 • 410-420-6740 (Fax) • www.casaofharfordcounty.org

Ross P. DiEoardo, Director

MOTOR VEHICLE ADMINISTRATION CHECK

Please provide the following information.

Make and Year of your vehicle: _____

General condition of your vehicle: _____

License tag number: _____ State _____

Driver's license number: _____ Expiration Date: _____

Do you have any medical problem(s) that could impair your ability to drive? YES NO
If yes, please describe: _____

Have you had any driving violations or accidents in the past three years? YES NO
If yes, please furnish date, description and points charges, fines, suspensions or revocation
of permit: _____

Your motor vehicle insurance company _____

Your agent's name, address and telephone number _____

Your motor vehicle insurance limits _____

PLEASE CHECK THE APPROPRIATE LINE AND SIGN

I hereby state the above information is correct as of this date AND WILL ABIDE BY CASA GUIDELINES FOR TRANSPORTING CASA CLIENTS AND CHILDREN. Only those CASA volunteers with properly insured vehicles, which are in good working condition with required safety devices i.e., seat belts and car seats (as needed) may transport CASA clients. Children should never be transported without the use of a safety belt, and for children under three years, a car seat.

I do not own a motor vehicle and will not be transporting CASA clients.

I do own a motor vehicle, but will not be transporting CASA clients.

CASA Applicant's Signature _____ Date _____

DMV review: is/is not authorized to transport CASA children.

Date _____ Director _____