



Proof of Compliance with Financial Responsibility Law

By filling out this form, you affirm that you were in compliance with Missouri Financial Responsibility Law as required by Chapter 303, RSMo at the time you were ticketed, and request that your ticket be dismissed.

Please confirm the following:

- A true and accurate copy of my insurance card is attached
- The date I received my ticket is covered by the date range on my proof of insurance
- The vehicle shown on my ticket is listed on my proof of insurance

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Ticket Number: _____

Signature: _____

Send this form and proof to the Ellisville Prosecutor's Office by: E-mail: pjaeger@ellisville.mo.us

Fax: 636-227-7744

Mail/In-Person: Ellisville Prosecutor
37 Weis Ave.
Ellisville, MO 63011

The prosecutor will review this information and file a Nolle Prosequi with the court if your insurance was valid. You'll receive confirmation by mail or email. Questions? Call the Ellisville Prosecutor's Office at 636-779-8906.