

MARYLAND UNIFORM COMPLAINT AND CITATION

WITNESS

RELATED CITATION →

DRIVER'S LICENSE / SOUNDEX NUMBER _____ CLASS STATE _____

DEFENDANT'S (FIRST) NAME _____ (MIDDLE) _____ (LAST) _____ (SUFFIX) _____

CURRENT ADDRESS IN FULL _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

HEIGHT _____ WEIGHT _____ RACE _____ SEX _____ BIRTH DATE _____ TELEPHONE NUMBER _____

VEHICLE REGISTRATION _____ STATE _____ VEHICLE YEAR, MAKE, MODEL, TYPE, AND COLOR _____

VIOLATION DATE _____ TIME A.M. P.I. CONTRIBUTED TO ACCIDENT
MONTH _____ DAY _____ YEAR _____ P.M. P.D. SAFETY BELTS

Yes No HAZMAT Yes No COMM. VEHICLE Yes No CDL (LICENSE) FATAL ACC. A/R SUSP. REV.
LOCATION OF OFFENSE _____ CITY/COUNTY _____

MD

GPS AT LOCATION OF OFFENSE (IF AVAILABLE) _____

COUNTY CODE _____ AREA _____ ARREST TYPE _____ DOT NUMBER _____

MVL DID UNLAWFULLY VIOLATE: CIRCLE VIOLATION BELOW: (ONE VIOLATION ONLY)

- 01) 21-801.1 Exceed Max. Speed _____ MPH 23) 21-301(a) Failure to Drive Right of Center
- in _____ Zone 24) 21-304(a) Driving off Road While Passing Vehicle
- 02) 13-401(b) Operating Unregistered Motor Vehicle 25) 21-308(a) Driving Wrong Direction on One Way Road
- 03) 13-401(h) Driving with Suspended Registration 26) 21-309(b) Unsafe Lane Changing
- 04) 13-409(b) Fail to Display Reg. Card on Demand 27) 21-310(a) Following Vehicle Too Closely
- 05) 13-411(a) Fail to Attach Plates at Front & Rear 28) 21-402(a) Fail to Yield to Oncoming Traffic on Left Turn
- 06) 13-411(d) Driving w/o Current Tags 29) 21-707(a) Failure to Stop at Stop Sign
- 07) 13-411(f) Display Expired Reg. Plates 30) 21-801(a) Speed Greater Than Reasonable
- 08) 13-411(g) Display Reg. Plate Issued to Another 31) 21-801(b) Failure to Control Speed to Avoid Collision
- 09) 13-703(g) Unauthorized Disp. & Use of Reg. Plate 32) 21-901.1(a) Reckless Driving
- 10) 16-101(a) Driving Without License 33) 21-901.1(b) Negligent Driving
- 11) 16-112(c) Fail to Display License on Demand 34) 21-902(a)(1) Driving Under Influence of Alcohol
- 12) 16-113(h) Violating Lic. Restriction 35) 21-902(a)(2) Driving Under Influence of Alcohol Per Se
- 13) 16-115(f) Driving With an Expired License 36) 21-902(b)(1) Driving While Impaired by Alcohol
- 14) 16-116(a) Failure Notify Adm. Address Change 37) 21-902(c)(1) Driving While Impaired by Drug(s) or Drug(s) and Alcohol
- 15) 16-303(c) Driving on Suspended Lic. & Priv. 38) 21-902(d)(1) Driving While Impaired by Controlled Dangerous Substance
- 16) 16-303(d) Driving on Revoked Lic. & Priv. 39) 21-1117(c) Driver Spinning Wheels
- 17) 16-303(f) Driving on Suspended Out of State Lic. 40) 22-412.2(d) Failing to secure child under age 8 in child safety seat when transporting in motor vehicle
- 18) 16-303(h) Driving While Lic. Suspended Under (17-106, 26-204, 26-206, 27-103) 41) 22-412.3(b) (Operator, Occupant Under 16) Not Restrained by (Seat Belt, Child Safety Seat)
- 19) 17-107 Driving Uninsured Vehicle 42) 22-412.3(c) Front Passenger 16 or More without Seat Belt
- 20) 21-201(a)(1) Failure to Obey Traffic Device
- 21) 21-202(h)(1) Fail to Stop at Steady Circular Red Signal
- 22) 21-202(i)(1) Fail to Stop at Red Signal Before Right Turn

VIOLATION NOT LISTED ABOVE TA BR LO MR 27 TG

CHARGE: _____

PREPAYABLE \$25 \$50 \$70 \$80 \$90 \$110 \$120 \$130
FINE AMOUNT \$150 \$160 \$290 \$330 \$530 \$580 Other \$.....

NOTICE TO APPEAR

- YOU MUST APPEAR FOR TRIAL WHEN NOTIFIED BY THE COURT.
- THIS IS A PAYABLE CITATION, YOU HAVE A RIGHT TO REQUEST TRIAL TO CONTEST YOUR GUILT OR REQUEST A WAIVER HEARING REGARDING THE SENTENCE AND DISPOSITION. YOU MAY WAIVE ANY TRIAL OR WAIVER HEARING AND PAY THE FINE SHOWN. (SEE REVERSE.)

I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

OFFICER'S SIGNATURE: _____
TRIAL: DISTRICT _____ LOC. _____ OFFICER: _____ AGENCY _____ SUB-AGENCY _____ I.D. NO. _____

RADAR/BREATHALYZER OPERATOR'S NAME (PRINT) _____ AGENCY _____ SUB-AGENCY _____ I.D. NO. _____

WARNING - FAILURE TO SIGN MAY LEAD TO YOUR ARREST.

I SIGN MY NAME AS A RECEIPT OF A COPY OF THIS CITATION AND NOT AS AN ADMISSION OF GUILT. I WILL COMPLY WITH THE REQUIREMENTS SET FORTH IN THIS CITATION.

X DEFENDANT'S SIGNATURE: _____

Front Side of Citation
To Be Pre-Numbered on
Bottom Right Margin
(White "Court Copy" and Blue
"Defendant's Copy" to have
Bar-Code Displayed above
Citation Number)

Note to Law Enforcement: Remove this first copy of citation before entering witness information. You may enter address of defendant as shown on driver's license if that address is different from current address.

TO THE DISTRICT COURT:
PLEASE SUMMONS THE FOLLOWING WITNESSES:

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

NAME

ADDRESS

CITY STATE ZIP

DAY PHONE ROOM #
NIGHT PHONE APT. #
If Law Enforcement Agency Sub-Agency ID.

Reverse Side of Copy #1
"Court Copy"
White

NOTICE TO DEFENDANT

CAREFULLY AND COMPLETELY READ ALL NOTICES ON BOTH THE RETURN TO COURT AND DEFENDANT'S COPIES OF THE CITATION INCLUDING THE "IMPORTANT INFORMATION" SECTION ON THE BLUE COPY. THE DEFENDANT'S COPY IS FOR YOUR RECORDS.

IF THIS CITATION IS MARKED "THIS IS A PAYABLE CITATION" YOU MUST COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN 30 DAYS AFTER RECEIPT OF CITATION:

1) PAY THE FULL AMOUNT OF THE PRESET FINE, INSTEAD OF APPEARING IN COURT.

Pay the full amount of the fine at any District Court of Maryland location, or with a credit card at the Maryland Judiciary Website or by phone (see information at the top of the blue copy of the citation), or by mail as shown below.

To pay by mail:

- Make your check or money order payable to the DISTRICT COURT OF MARYLAND. Write each citation number on the front of the check or money order.
- Place your check and the RETURN TO COURT (white) copy of the citation in the attached envelope and mail it to the Court. If you received more than one citation you may place all citations in the same envelope. An additional \$10 service fee will be imposed for each dishonored check.

2) REQUEST A WAIVER HEARING REGARDING SENTENCING AND DISPOSITION INSTEAD OF TRIAL. - PLEAD GUILTY WITH AN EXPLANATION.

- Check the "Request a Waiver Hearing" box, sign and date below. If you received more than one citation sign the statement on each citation.
- Return this copy of the citation to the Court within 30 days in the attached envelope. If you received more than one citation you may place all citations in the same envelope.
- DO NOT SEND PAYMENT.

3) REQUEST A TRIAL DATE AT THE DATE, TIME, AND PLACE ESTABLISHED BY THE DISTRICT COURT BY WRIT OR TRIAL NOTICE.

- Check the "Request a Trial" box, sign and date below. You will be mailed a notice of trial date.
- Return this copy of the citation to the Court within 30 days in the attached envelope. If you received more than one citation you may place all citations in the same envelope.
- DO NOT SEND PAYMENT.

IF YOU FAIL TO COMPLY WITHIN 30 DAYS AFTER RECEIPT OF THIS CITATION, THE MOTOR VEHICLE ADMINISTRATION WILL BE NOTIFIED AND MAY TAKE ACTION TO SUSPEND YOUR DRIVER'S LICENSE.

DRIVING ON A SUSPENDED LICENSE IS A CRIMINAL OFFENSE FOR WHICH YOU COULD BE INCARCERATED.

- Request a Waiver Hearing as to Disposition (see #2 above): I admit I committed the violation in this citation, and I request a waiver hearing to explain the circumstances to a judge. I understand this is not a trial, the officer and witnesses will not be present, and my appearance in court is for sentencing only.
- Request a Trial (see #3 above): I request a trial date for the violation charged.
- Please check box on front of envelope that corresponds to the option you chose and mail payment or request for trial/waiver hearing.

Reverse Side of Copy #4
"Return to Court Copy"
White

DATE

SIGNATURE

FOR MORE INFORMATION AND TO PAY CITATIONS
Visit the MD Judiciary Website at www.mdcourts.gov/district
or call the Interactive Voice Response (IVR) System
for trial dates, court locations, and directions.
From all areas including out-of-state call: 1-800-492-2656
TTY users call 1-800-925-9690 or
Use Maryland Relay Services at 1-800-735-2258 or 711

TO THE PERSON CHARGED

IMPORTANT INFORMATION: It is your obligation to know your trial/waiver hearing date and appear on that date. You can visit the MD Judiciary Website at www.mdcourts.gov/district or call the IVR System (see above) to find out your trial/waiver hearing date. It may take a few weeks before a trial/waiver hearing date is set. The Court will mail a courtesy notice to the name and address shown on the front of the citation. If your name or address on this citation is not correct you must notify the Court in writing of any changes. The Post Office does not forward Court mail.

IF CITATION IS MARKED "YOU MUST APPEAR FOR TRIAL"

This citation is a summons to appear. The Court will automatically mail you a notice of your trial date. Please read "Important Information" above.

IF CITATION IS MARKED "THIS IS A PAYABLE CITATION" YOU MUST COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN 30 DAY AFTER RECEIPT OF CITATION:

1. **PAYMENT** - Pay the full amount of the fine at any District Court of Maryland location, or with a credit card at the Judiciary Website or by using the IVR system (see above) or by mailing your check (made payable to the District Court of Maryland) and the RETURN TO COURT (white) copy in the attached envelope.
2. **GUILTY WITH AN EXPLANATION** - If you wish to plead guilty and have a waiver hearing as to disposition, check the appropriate box on the RETURN TO COURT (white) copy of the citation, sign, date and return in the attached envelope. **DO NOT SEND PAYMENT AT THIS TIME.** You will be mailed a notice of your waiver hearing. Since there will not be a trial, the officer and witnesses will NOT be summoned. At the waiver hearing the Court will hear from you only for the purposes of imposing a sentence.
3. **TRIAL** - If you wish to stand trial and have the officer present at the trial, check the appropriate box on the RETURN TO COURT (white) copy, sign, date, and return in the attached envelope. You will be mailed a notice of your trial date. **DO NOT SEND PAYMENT AT THIS TIME.**

IF YOU FAIL TO COMPLY WITHIN 30 DAYS AFTER RECEIPT OF THIS CITATION, THE MOTOR VEHICLE ADMINISTRATION WILL BE NOTIFIED AND MAY TAKE ACTION TO SUSPEND YOUR DRIVER'S LICENSE.

DRIVING ON A SUSPENDED LICENSE IS A CRIMINAL OFFENSE FOR WHICH YOU COULD BE INCARCERATED.

1. This paper charges you with committing a crime.
2. If you have been arrested, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
3. You have the right to have a lawyer.
4. A lawyer can be helpful to you by:
 - (A) explaining the charges in this paper;
 - (B) telling you the possible penalties;
 - (C) helping you at trial;
 - (D) helping you protect your constitutional rights; and
 - (E) helping you to get a fair penalty if convicted.
5. Even if you plan to plead guilty, a lawyer can be helpful.
6. If you want a lawyer but do not have the money to hire one, the Public Defender may provide a lawyer for you. The court clerk will tell you how to contact the Public Defender.
7. **DO NOT WAIT UNTIL THE DATE OF YOUR TRIAL TO GET A LAWYER.** If you do not have a lawyer before the trial date, you may have to go to trial without one.

Reverse Side of Copy #5
"Defendant's Copy"
Blue

ENVELOPE (FRONT)

Printing on front & back.

Print facing identification mark (FIM) and barcode per U.S. Postal Service specifications.

Stock Weight 24# Bond, White

FROM _____

PLACE
STAMP
HERE

PAYMENT ENCLOSED

REQUEST FOR WAIVER HEARING ENCLOSED

REQUEST FOR TRIAL ENCLOSED

**DISTRICT COURT
TRAFFIC PROCESSING CENTER
P O BOX 6676
ANNAPOLIS, MD 21401-0676**

TO INSURE PROPER CREDIT PLEASE USE THIS MAILING ENVELOPE:

1. WRITE CITATION NUMBER ON CHECK
2. IF YOU HAVE RECEIVED MORE THAN ONE CITATION, PLEASE MAKE SURE YOU CORRECTLY LISTED ALL CITATION NUMBERS ON YOUR CHECK OR MONEY ORDER.
3. FOLD CHECK AND INSERT IN POCKET.
4. REMOVE TAPE.
5. FOLD FLAP UP AND OVER AND SEAL - AFFIX STAMP.
6. DO NOT SEND CASH.

ENVELOPE (BACK)
Printing on front & back.
Print original barcode of
citation number in center of
envelope.
Stock Weight 24# Bond,
White