



## Michigan Supreme Court

State Court Administrative Office

**Court Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

### MEMORANDUM

DATE: March 31, 2021

FROM: Thomas Myers, Forms and Records Manager

RE: Notice of Revision of UC 01a, Uniform Law Citation  
Notice of Revision of UC 01b, Uniform Law Citation  
Notice of Revision of UC 02, Municipal Civil Infraction Notice of Violation  
Notice of Revision of UC 03, Uniform Municipal Civil Infraction Citation  
Notice of Revision of CLC 01, Commercial Law Citation

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The above-listed citations have been revised. A brief explanation and a highlighted copy of the citations are provided below.

For questions, comments, or suggestions about these citations, contact [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

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#### **UC 01a, Uniform Law Citation**

**Most recent version:** (3/21) version

**Use of existing stock:** The last day that existing stock may be used is March 31, 2021.

➤ Click here to see the highlighted changes.

This citation was updated to include information required under 2020 PA 393, 2020 PA 394, and MCL 257.732(3)(i).

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#### **UC 01b, Uniform Law Citation**

**Most recent version:** (3/21) version

**Use of existing stock:** The last day that existing stock may be used is March 31, 2021.

➤ Click here to see the highlighted changes.

This citation was updated to include information required under 2020 PA 393, 2020 PA 394, and MCL 257.732(3)(i).

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### **UC 02, Municipal Civil Infraction Notice of Violation**

**Most recent version:** (3/21) version

**Use of existing stock:** The last day that existing stock may be used is March 31, 2021.

- [Click here to see the highlighted changes.](#)

This citation was updated to include information required under 2020 PA 393, 2020 PA 394, and MCL 257.732(3)(i).

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### **UC 03, Uniform Municipal Civil Infraction Citation**

**Most recent version:** (3/21) version

**Use of existing stock:** The last day that existing stock may be used is March 31, 2021.

- [Click here to see the highlighted changes.](#)

This citation was updated to include information required under 2020 PA 393, 2020 PA 394, and MCL 257.732(3)(i).

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### **CLC 01, Commercial Law Citation**

**Most recent version:** (3/21) version

**Use of existing stock:** The last day that existing stock may be used is March 31, 2021.

- [Click here to see the highlighted changes.](#)

This citation was updated to include information required under 2020 PA 393, 2020 PA 394, and MCL 257.732(3)(i).

**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved

US DOT # Incident No. Dept. No.

The People of:  the State of Michigan  
 Township  City  Village  County Local Use/Arrest No. Detection Device

OF: BAC of

THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
 SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Type	MCL Cite/PACC Code/ Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3

**TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.**

Offense Code(s)  
 1 2 3

Key for Type: C/I=Civil Infraction Misd=Misdemeanor Fel=Felony Warn=Warning Fug=Fugitive  
 Waiv=Violation for Which Fines/Costs May be Waived Authorization pend.=Authorization pending

Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VIN:  
 CHECK IF APPROPRIATE  Damage to Property  Local Court Bond \$ \_\_\_\_\_  
 Vehicle Impounded  Injury  License Posted in Lieu of Bond  
 Traffic Crash  Death  Appearance Certificate  
 Person in Active Military Service  Yes  No  None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
 Appearance Date on or before \_\_\_\_\_  
 Hearing Date (if applicable) on \_\_\_\_\_  Contact Court  
 Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

In the \_\_\_\_\_ Court of \_\_\_\_\_

Court Address & Phone Number

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).  
**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

MI- UC-01a, Rev. 3/21

Ticket

Name

Case No.

**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved

US DOT # Incident No. Dept. No.

The People of:  the State of Michigan  
 Township  City  Village  County Local Use/Arrest No. Detection Device

OF: \_\_\_\_\_ BAC \_\_\_\_\_ of \_\_\_\_\_

THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
 SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule  
 UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Type	MCL Cite/PACC Code/ Ordinance	Description (include any bond amount collected on each charge)	Charge No.
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Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_

VIN: \_\_\_\_\_

**CHECK IF APPROPRIATE**  Damage to Property  Local Court Bond \$ \_\_\_\_\_  
 Vehicle Impounded  Injury  License Posted in Lieu of Bond  
 Traffic Crash  Death  Appearance Certificate  
 Person in Active Military Service  Yes  No  None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
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In the \_\_\_\_\_ Court of \_\_\_\_\_

Court Address & Phone Number

\_\_\_\_\_

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Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

MI- UC-01a, Rev. 3/21

Ticket

Name

Case No.

**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved

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MI- UC-01a, Rev. 3/21

Ticket

Name

Case No.

**State of Michigan  
Uniform Law Citation**

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Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_

VIN:  
**CHECK IF APPROPRIATE**  Damage to Property  Local Court Bond \$ \_\_\_\_\_  
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 Traffic Crash  Death  Appearance Certificate  
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In the \_\_\_\_\_ Court of \_\_\_\_\_

Court Address & Phone Number

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Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

MI- UC-01a, Rev. 3/21



Name: Last First Middle

District Court Register of Actions  Change of address listed below Citation No.

Violation Date Case No.

Bond History  Per. Recog.  Conditional  Cash  Surety  10% Cash  Real Property Amount/Value of Bond: \$ Set by:

Appearance Date: Attorney name  Waived  Requested:  Retained  Grant  Deny

Plea  Admit  Guilty  Mute, Not Guilty  Admit with Explanation  Deny  Not Guilty  No Contest

Hearing/Trial Date  Formal Hearing  Informal Hearing  Jury Trial  Non-Jury Trial Hrg/Trial Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m.

Notices to:  Local Attorney  Defendant  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

Sentence  State  Ordinance Fine Court Costs State Fees Bond Fee Other Witness Fees Credit Total Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

Appeals Appeal Bond \$ Appeal to: Court

Table with columns: DATE, ACTIONS, CASE NOTES, Name: Last, First, Middle, Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY



Name: Last First Middle

District Court Register of Actions  Change of address listed below Citation No.

Violation Date Case No.

Bond History  Per. Recog.  Conditional  Cash  Surety  10% Cash  Real Property Amount/Value of Bond: \$ Set by:

Appearance Date: Attorney name  Waived  Requested:  Retained  Grant  Deny

Plea  Admit  Guilty  Mute, Not Guilty  Admit with Explanation  Deny  Not Guilty  No Contest

Hearing/Trial Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m.  Formal Hearing  Informal Hearing  Jury Trial  Non-Jury Trial

Notices to:  Local Attorney  Defendant  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

Sentence  State  Ordinance Fine \$ Court Costs \$ State Fees \$ Bond Fee \$ Other \$ Witness Fees \$ Credit \$ Total \$

Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

Appeals Appeal Bond \$ Appeal to: Court

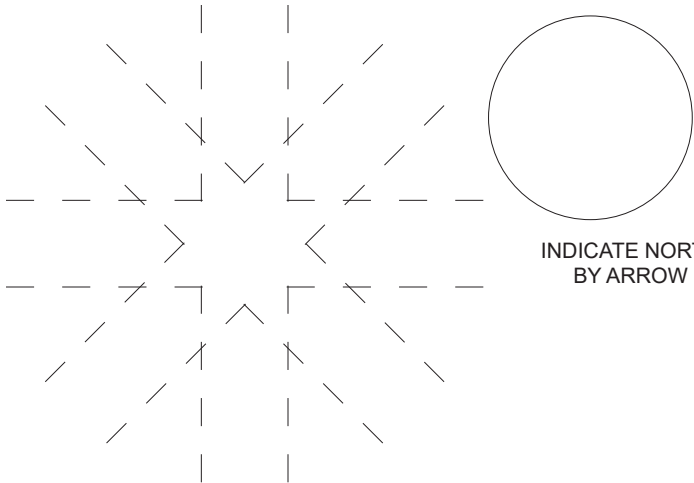
DATE ACTIONS, CASE NOTES

Table with columns for Date, Actions, Case Notes, Name (Last, First, Middle), and Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY

**OFFICER'S NOTES**



INDICATE NORTH  
BY ARROW

WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Daylight
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Darkness
<input type="checkbox"/> Raining	<input type="checkbox"/> Muddy	<input type="checkbox"/> Gravel	<input type="checkbox"/> Dawn
<input type="checkbox"/> Snowing	<input type="checkbox"/> Snowy	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Dusk
<input type="checkbox"/> Fog	<input type="checkbox"/> Icy	<input type="checkbox"/> Divided	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sleet	<input type="checkbox"/> Loose material _____ lanes	<input type="checkbox"/> Cross Traffic	

**Remarks**

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**DISPOSITION**

Judge/Magistrate \_\_\_\_\_

Court \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Findings:  Guilty/Responsible  Not Guilty/Responsible  Dismissed

Probation \_\_\_\_\_ Other \_\_\_\_\_

Remarks \_\_\_\_\_

**POLICE/ENFORCEMENT AGENCY/PROSECUTOR COPY**

MISDEMEANOR  
READ CAREFULLY

**WARNING:** If you fail to answer this citation by the date specified on the front of this citation, the court may issue a warrant for your arrest and, if this is a traffic violation, your driver license will be suspended.

NON-Resident: Deposit of a cash bond or guaranteed appearance certificate does not constitute payment, and forfeiture of the bond will not dispose of this case.

**RIGHTS: You have the right to:**

- plead guilty or not guilty;
- have a trial by judge or jury;
- confront and present witnesses, testify, or remain silent;
- have all charges arising out of the same transaction determined at one trial.
- be represented by an attorney;
- be presumed innocent until proven guilty;

You may enter a plea of guilty or a plea of not guilty in person, by representation, or by mail. The court, however, may require your personal appearance. You must enter a plea on each charge listed on the front of this ticket by checking the appropriate box for each charge and signing your name.

**MANDATORY COURT APPEARANCE:** (unless waived by the court)

- Personal Injury Cases
- Operating vehicle while impaired
- Operating vehicle under the influence of alcohol/controlled substance
- Operating vehicle with unlawful blood alcohol level
- Reckless Driving
- Leaving the scene of an accident
- Driving while license is revoked or suspended
- All juvenile misdemeanors
- All nontraffic offenses

If this is for a nontraffic offense, be sure to bring this complaint with you when you appear before the court.

**If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.**

**TO PLEAD GUILTY** and pay your fine and costs by mail, do the following: Contact the court for the amount of your fine and costs; sign below and send this copy and your certified check or money order to the court at the address indicated on the front of the citation on or before the date specified on the front of the citation. **You may also appear in court to plead guilty on or before that date.**

I enter my appearance in this case. I have been informed of my rights as set forth above. I understand that this plea will result in a judgment of conviction and that a record of the judgment will be sent to the Secretary of State. I voluntarily and knowingly waive those rights and plead guilty to the offense as charged.

Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO PLEAD NOT GUILTY:** (traffic ticket only)

If a **hearing date** is specified on the front of this citation, you must appear in court on that date for trial; or, If an **appearance date** is specified on the front of this citation, you may sign below and mail this copy to the court at the address on the front of this citation on or before that date to plead not guilty. The court will notify you of your **hearing date**. You may also appear in court to plead not guilty on or before the **appearance date**.

I enter my appearance in this case and plead not guilty.

Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:**

Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

**OFFICER CERTIFICATION** I certify that the violation described on the front of the citation has been corrected.

Charge 1 Signature \_\_\_\_\_ on front of ticket.  
For Charges  Charge 2 Signature \_\_\_\_\_ on front of ticket.  
 Charge 3 Signature \_\_\_\_\_ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

**PLEASE NOTE:** If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

MISDEMEANOR COPY

**CIVIL INFRACTION - READ CAREFULLY**

**WARNING:** If you fail to appear by the date specified on the front of this citation or at the date and time scheduled for hearing, a default judgment will be entered against you. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitute a timely appearance.

If this is a traffic violation and you fail to answer this citation or a notice to appear, the Secretary of State will suspend your driver license. If this is a state civil infraction and you fail to answer this citation or a notice to appear, the Secretary of State will not issue or renew your driver license.

If this is a municipal civil infraction and you fail to answer this citation or a notice to appear in court or to comply with a judgment, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post judgment collection procedures.

If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.

You are alleged to be responsible for a civil infraction. For each charge listed on the front of this ticket, you must either: 1) admit responsibility; or 2) admit responsibility with explanation; or 3) deny responsibility. Check the appropriate box for each charge and sign your name.

**ADMIT RESPONSIBILITY** by mail, in person, or by representation.

**BY MAIL.** Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

**IN PERSON OR BY REPRESENTATION.** Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation.

**I enter my appearance, waive my right to a hearing, and I admit responsibility for civil infraction alleged on the front of this citation.**

- Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIT RESPONSIBILITY WITH EXPLANATION.** You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

**IN PERSON OR BY REPRESENTATION.** Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by representation to obtain a time to appear in court to give your explanation.

**BY MAIL.** Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will mail you its determination and, if applicable, order any fine and costs to be paid by you.

**I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.**

- Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**DENY RESPONSIBILITY.** To deny responsibility you must either:

1. Appear in person in court for an informal hearing before a magistrate, referee, or judge; neither side may have an attorney. OR
2. Appear in court for a formal hearing before a judge. An attorney will be with the officer. You may be represented by an attorney.

If a **hearing date** is specified on the front of this citation, you must appear on that date for an informal hearing unless you contact the court at least 10 days before that date by mail, telephone, representation, or in person to request a formal hearing.

If an **appearance date** is specified on the front of this citation, you must contact the court on or before that date by mail, telephone, representation, or in person to obtain a hearing date. The court will schedule an informal hearing unless you request a formal hearing. A municipal agency may also request a formal hearing.

- Charge 1     Charge 2     Charge 3

**VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:**

Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

**OFFICER CERTIFICATION** I certify that the violation described on the front of the citation has been corrected.  Charge 1 Signature \_\_\_\_\_ on front of ticket.

For Charges  Charge 2 Signature \_\_\_\_\_ on front of ticket.

Charge 3 Signature \_\_\_\_\_ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

**PLEASE NOTE:** If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

**CIVIL INFRACTION COPY**

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved  
Incident No. Dept. No.

The People of:  the State of Michigan  
 Township  City  Village  County  
Local Use/Arrest No. Offense Code  
BAC

OF: THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of §

Local Ordinance  State Law  Administrative Rule

UPON

AT OR NEAR

WITHIN  CITY  VILLAGE  TOWNSHIP OF

COUNTY OF DID THE FOLLOWING

- Nuisance Ordinance
- Licenses Ordinance
- Zoning Ordinance
- Sign, Lighting & Display Ordinance
- Animal & Fowl Ordinance
- Other
- Building Code
- Plumbing Code
- Electrical Code
- Mechanical Code
- Defective Equipment
- Speeding \_\_\_\_\_ MPH in a \_\_\_\_\_ MPH Zone (formerly \_\_\_\_\_ MPH Zone)
- Disobey Traffic Signal
- Disobey Stop Sign
- No Operator's License in Possession

Describe/Remarks:

VIN:

CHECK IF APPROPRIATE  Damage to Property  Local Court Bond \$ \_\_\_\_\_  
 Vehicle Impounded  Injury  License Posted in Lieu of Bond  
 Traffic Crash  Death  Appearance Certificate  
Person in Active Military Service  Yes  No  None

C.I.  
 MIS.  
 JUV.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before \_\_\_\_\_  
Hearing Date (if applicable) on \_\_\_\_\_  Contact Court  
 Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

Ticket

In the Court of

Court Address & Phone Number

I personally served a copy of the complaint upon the defendant.  
 I served a copy of the complaint upon the owner/occupant by posting and by sending a copy to the owner by first class mail at the last known address.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Name

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

**MI-**  
 Violation for Which Court May Waive Fine/Costs: Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown above before your appearance or hearing date.

Case No.

**OFFICER CERTIFICATION** I certify that the violation described above has been corrected.  
Officer's Signature Officer's ID No. Date

Agency ORI Agency Name

UC-01b, Rev. 3/21

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved

Incident No. Dept. No.

The People of:  the State of Michigan  
 Township  City  Village  County

Local Use/Arrest No. Offense Code

BAC

OF: THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

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 Traffic Crash  Death  Appearance Certificate  
Person in Active Military Service  Yes  No  None

C.I.  
 MIS.  
 JUV.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before

Hearing Date (if applicable) on  Contact Court

Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

In the Court of

Court Address & Phone Number

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 I served a copy of the complaint upon the owner/occupant by posting and by sending a copy to the owner by first class mail at the last known address.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

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UC-01b, Rev. 3/21



C.I.  
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**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved  
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The People of:  the State of Michigan  
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OF: THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

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VIN:

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In the Court of

Court Address & Phone Number

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 I served a copy of the complaint upon the owner/occupant by posting and by sending a copy to the owner by first class mail at the last known address.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Name

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

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UC-01b, Rev. 3/21

C.I.  
 MIS.  
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**State of Michigan  
Uniform Law Citation**

Ticket No.  Victim Involved  
Incident No. Dept. No.

The People of:  the State of Michigan  
 Township  City  Village  County  
Local Use/Arrest No. Offense Code  
BAC

OF: \_\_\_\_\_ of \_\_\_\_\_  
THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date Month Day Year  
SAYS THAT ON: \_\_\_\_\_ of Birth

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

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Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

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Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

- Nuisance Ordinance
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- Disobey Stop Sign
- No Operator's License in Possession

Describe/Remarks:

VIN: \_\_\_\_\_

CHECK IF APPROPRIATE  Damage to Property  Local Court Bond \$ \_\_\_\_\_  
 Vehicle Impounded  Injury  License Posted in Lieu of Bond  
 Traffic Crash  Death  Appearance Certificate  
Person in Active Military Service  Yes  No  None

C.I.  
 MIS.  
 JUV.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before \_\_\_\_\_  
Hearing Date (if applicable) on \_\_\_\_\_  Contact Court  
 Juvenile Traffic Misd. (Court will Notify)  Formal Hearing Required. (Court will Notify)

Ticket

In the \_\_\_\_\_ Court of \_\_\_\_\_

Court Address & Phone Number

I personally served a copy of the complaint upon the defendant.  
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**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Name

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

**MI-**  
 Violation for Which Court May Waive Fine/Costs: Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown above before your appearance or hearing date.

Case No.

**OFFICER CERTIFICATION** I certify that the violation described above has been corrected.  
Officer's Signature Officer's ID No. Date

Agency ORI Agency Name

UC-01b, Rev. 3/21

Name: Last First Middle

District Court Register of Actions  Change of address listed below Citation No.

Violation Date Case No.

Bond History  Per. Recog.  Conditional  Cash  Surety  10% Cash  Real Property Amount/Value of Bond: \$ Set by:

Appearance Date: Attorney name  Waived  Requested:  Retained  Grant  Deny

Plea  Admit  Guilty  Mute, Not Guilty  Admit with Explanation  Deny  Not Guilty  No Contest

Hearing/Trial Date  Formal Hearing  Informal Hearing  Jury Trial  Non-Jury Trial Hrg/Trial Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m.

Notices to:  Local Attorney  Defendant  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

Sentence  State  Ordinance Fine \$ Court Costs \$ State Fees \$ Bond Fee \$ Other \$ Witness Fees \$ Credit \$ Total \$ Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

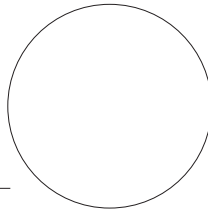
Appeals Appeal Bond \$ Appeal to: Court

Table with columns: DATE, ACTIONS, CASE NOTES, Name: Last, First, Middle, Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY

**OFFICER'S NOTES**



INDICATE NORTH  
BY ARROW

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WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium
<input type="checkbox"/> Raining	<input type="checkbox"/> Muddy	<input type="checkbox"/> Gravel	<input type="checkbox"/> Heavy
<input type="checkbox"/> Snowing	<input type="checkbox"/> Snowy	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Fog	<input type="checkbox"/> Icy	<input type="checkbox"/> Divided	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Sleet	<input type="checkbox"/> Loose material _____ lanes	<input type="checkbox"/> Cross Traffic	<input type="checkbox"/> Daylight
			<input type="checkbox"/> Darkness
			<input type="checkbox"/> Dawn
			<input type="checkbox"/> Dusk
			<input type="checkbox"/> Other _____

**Remarks**

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**DISPOSITION**

Judge/Magistrate \_\_\_\_\_

Court \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Findings:     Guilty/Responsible     Not Guilty/Responsible     Dismissed

Probation \_\_\_\_\_ Other \_\_\_\_\_

Remarks \_\_\_\_\_

**POLICE/ENFORCEMENT AGENCY/PROSECUTOR COPY**

**MISDEMEANOR  
READ CAREFULLY**

**NOTICE TO DEFENDANT**

You must appear at the time and place indicated on the front of this complaint or a warrant **may** be issued for your arrest.

**RIGHTS You have the right to:**

1. Plead guilty or not guilty.
2. Be represented by an attorney. If you cannot afford to hire one, the court may appoint an attorney to represent you.
3. Have a trial by judge or jury.
4. Confront and present witnesses.
5. Testify or remain silent.
6. Be presumed innocent until proven guilty.
7. Have all charges arising out of the same transaction determined in a single trial.

**When you appear before the court, be sure to  
bring this complaint with you.**

**If you are not able to pay due to financial hardship, contact the  
court immediately to request a payment alternative.**

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**APPEARANCE, PLEA OF GUILTY, AND WAIVER**

I enter my appearance to the offense charged on the front side of this complaint. I have read and understand that I am entitled to exercise any or all of my rights and, with that understanding, I PLEAD GUILTY and WAIVE all of these rights. I understand that this plea of guilty will have the same force and effect as a judgment of the court, HOWEVER, I understand that this conviction shall not bar prosecution of other charges against me which arose out of the same transaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**MISDEMEANOR COPY**

**CIVIL INFRACTION - READ CAREFULLY**

**WARNING:** If you fail to appear by the date specified on the front of this citation or at the date and time scheduled for hearing, a default judgment will be entered against you. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitute a timely appearance.

If this is a traffic violation and you fail to answer this citation or a notice to appear, the Secretary of State will suspend your driver license.

If this is a state civil infraction and you fail to answer this citation or a notice to appear, the Secretary of State will not issue or renew your driver license.

If this is a municipal civil infraction and you fail to answer this citation or a notice to appear in court or to comply with a judgment, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post judgment collection procedures.

If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.

You are alleged to be responsible for a civil infraction. You must either:

- **Admit Responsibility** (including full payment); or
- **Admit Responsibility with Explanation;** or
- **Deny Responsibility**

**ADMIT RESPONSIBILITY** by mail, in person, or by representation.

**BY MAIL.** Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

**IN PERSON OR BY REPRESENTATION.** Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation.

**I enter my appearance, waive my right to a hearing, and I admit responsibility for the civil infraction alleged on the front of this citation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIT RESPONSIBILITY WITH EXPLANATION.** You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

**IN PERSON OR BY REPRESENTATION.** Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by representation to obtain a time to appear in court to give your explanation.

**BY MAIL.** Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will mail you its determination and, if applicable, order any fine and costs to be paid by you.

**I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DENY RESPONSIBILITY.** To deny responsibility you must either:

1. Appear in person in court for an informal hearing before a magistrate, referee, or judge; neither side may have an attorney, OR
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Notify the court and the Secretary of State immediately if you change your address.

PLEASE NOTE: If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

**CIVIL INFRACTION COPY**

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Municipal Civil Infraction  
Notice of Violation**

Ticket No. \_\_\_\_\_ Dept. No. \_\_\_\_\_  
Complaint No. \_\_\_\_\_ Offense Code \_\_\_\_\_  
Local Use/Arrest No. \_\_\_\_\_

The People of:  the State of Michigan  
 Township  City  Village  County

OF: \_\_\_\_\_ of \_\_\_\_\_  
THE UNDERSIGNED \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
SAYS THAT ON: \_\_\_\_\_ At approximately  A.M.  P.M. Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

State  Oper./Chauff.  CDL Driver License Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Vehicle Plate No. \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Vehicle Description (Year, Make, Color) \_\_\_\_\_ Veh. Type \_\_\_\_\_

THE PERSON NAMED ABOVE, in violation of § \_\_\_\_\_

Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Nuisance Ordinance  Building Code  
 Licenses Ordinance  Plumbing Code  
 Zoning Ordinance  Electrical Code  
 Sign, Lighting & Display Ordinance  Mechanical Code  
 Animal & Fowl Ordinance  Other \_\_\_\_\_

Describe: \_\_\_\_\_

VIN: \_\_\_\_\_

Person in Active Military Service  Yes  No  
THIS VIOLATION IS A CIVIL INFRACTION and is your \_\_\_\_\_ violation.

The fine for this violation is \$ \_\_\_\_\_ and must be paid at the violations bureau by 5:00 p.m. on \_\_\_\_\_ unless you contact the violations bureau before this time.

SEE BELOW FOR AN EXPLANATION OF YOUR RIGHTS AND INSTRUCTIONS.

**WARNING: If you fail to pay the fine specified above or fail to contact the violations bureau on the date and time specified above, a civil infraction citation will be issued.**

You are alleged to be responsible for a civil infraction. You must either: 1) admit responsibility; 2) admit responsibility with explanation; or 3) deny responsibility.

**If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.**

ADMIT RESPONSIBILITY: If you wish to admit responsibility and pay your fine, you may do so by appearing in person or by mailing your fine along with this notice to the violations bureau.  
ADMIT RESPONSIBILITY WITH EXPLANATION OR DENY RESPONSIBILITY: If you wish to admit responsibility with explanation or deny responsibility and have a hearing, you must contact the violations bureau on or before the date specified above. A citation will be issued and filed with the court where you will have the right to an informal hearing before a magistrate or judge or to appear in court for a formal hearing before a judge.

Violations bureau address & phone number \_\_\_\_\_

\_\_\_\_\_

I personally served a copy of this notice upon the defendant.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Officer's Name (printed) \_\_\_\_\_ Officer's ID No. \_\_\_\_\_

Agency ORI \_\_\_\_\_ Agency Name \_\_\_\_\_

MI-UC-02, Rev. 3/21

C.I.  
 MIS.  
 JUV.

Ticket No.

Name

Case No.

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Municipal Civil Infraction  
Notice of Violation**

Ticket No. \_\_\_\_\_ Dept. No. \_\_\_\_\_  
Complaint No. \_\_\_\_\_ Offense Code \_\_\_\_\_  
Local Use/Arrest No. \_\_\_\_\_

The People of:  the State of Michigan  
 Township  City  Village  County

OF: \_\_\_\_\_ of \_\_\_\_\_  
THE UNDERSIGNED \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
SAYS THAT ON: \_\_\_\_\_ At approximately  A.M.  P.M. Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

State  Oper./Chauff.  CDL Driver License Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Vehicle Plate No. \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_ Vehicle Description (Year, Make, Color) \_\_\_\_\_ Veh. Type \_\_\_\_\_

THE PERSON NAMED ABOVE, in violation of § \_\_\_\_\_  
 Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

- Nuisance Ordinance  Building Code
- Licenses Ordinance  Plumbing Code
- Zoning Ordinance  Electrical Code
- Sign, Lighting & Display Ordinance  Mechanical Code
- Animal & Fowl Ordinance  Other \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_

VIN: \_\_\_\_\_

Person in Active Military Service  Yes  No  
THIS VIOLATION IS A CIVIL INFRACTION and is your \_\_\_\_\_ violation.  
The fine for this violation is \$ \_\_\_\_\_ and must be paid at the violations bureau  
by 5:00 p.m. on \_\_\_\_\_ unless you contact the violations bureau before this time.

SEE BELOW FOR AN EXPLANATION OF YOUR RIGHTS AND INSTRUCTIONS.

**WARNING: If you fail to pay the fine specified above or fail to contact the violations bureau on the date and time specified above, a civil infraction citation will be issued.**

You are alleged to be responsible for a civil infraction. You must either: 1) admit responsibility; 2) admit responsibility with explanation; or 3) deny responsibility.  
**If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.**

ADMIT RESPONSIBILITY: If you wish to admit responsibility and pay your fine, you may do so by appearing in person or by mailing your fine along with this notice to the violations bureau.  
ADMIT RESPONSIBILITY WITH EXPLANATION OR DENY RESPONSIBILITY: If you wish to admit responsibility with explanation or deny responsibility and have a hearing, you must contact the violations bureau on or before the date specified above. A citation will be issued and filed with the court where you will have the right to an informal hearing before a magistrate or judge or to appear in court for a formal hearing before a judge.

Violations bureau address & phone number \_\_\_\_\_

\_\_\_\_\_

I personally served a copy of this notice upon the defendant.  
**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Officer's Name (printed) \_\_\_\_\_ Officer's ID No. \_\_\_\_\_

Agency ORI \_\_\_\_\_ Agency Name \_\_\_\_\_

MI- UC-02, Rev. 3/21

C.I.  
 MIS.  
 JUV.

Ticket No.

Name

Case No.



C.I.  
 MIS.  
 JUV.

**State of Michigan  
Uniform Municipal  
Civil Infraction Citation**

Ticket No.	Dept. No.
Complaint No.	Offense Code
Local Use/Arrest No.	

The People of:  the State of Michigan  
 Township  City  Village  County

OF: \_\_\_\_\_ of \_\_\_\_\_  
THE UNDERSIGNED \_\_\_\_\_ At approximately  A.M.  P.M. Date of Birth \_\_\_\_\_  
SAYS THAT ON: \_\_\_\_\_

State  Oper./Chauff.  CDL Driver License Number \_\_\_\_\_

Race	Sex	Height	Weight	Hair	Eyes	Occupation/Employer
------	-----	--------	--------	------	------	---------------------

Name (First, Middle, Last) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address	Cellular Phone
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Vehicle Plate No.	Year	State	Vehicle Description (Year, Make, Color)	Veh. Type
-------------------	------	-------	---	-----------

THE PERSON NAMED ABOVE, in violation of § \_\_\_\_\_

Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

- |   |  |
|---|--|
| <input type="checkbox"/> Nuisance Ordinance                 | <input type="checkbox"/> Building Code   |
| <input type="checkbox"/> Licenses Ordinance                 | <input type="checkbox"/> Plumbing Code   |
| <input type="checkbox"/> Zoning Ordinance                   | <input type="checkbox"/> Electrical Code |
| <input type="checkbox"/> Sign, Lighting & Display Ordinance | <input type="checkbox"/> Mechanical Code |
| <input type="checkbox"/> Animal & Fowl Ordinance            | <input type="checkbox"/> Other _____     |

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIN: \_\_\_\_\_

Person in Active Military Service  Yes  No

THIS VIOLATION IS A CIVIL INFRACTION and is your \_\_\_\_\_ violation.

The fine for this violation is \$ \_\_\_\_\_ and must be paid at the violations bureau by 5:00 p.m. on \_\_\_\_\_ unless you contact the violations bureau before this time.

NOTE: This is a copy of the Notice of Violation served on the defendant.

I state that the above notice of violation was served on the defendant. The defendant failed to pay the fine specified above or failed to contact the violations bureau on the date and time specified above. Therefore, this civil infraction citation is being issued.

TO THE DEFENDANT: You are required to appear as follows to answer this citation.  
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS.

Appearance Date on or before \_\_\_\_\_

Hearing Date (if applicable) on \_\_\_\_\_  Contact Court

A formal hearing may be requested by either party.

In the \_\_\_\_\_ Court of \_\_\_\_\_

Court address & phone number \_\_\_\_\_

I served a copy of this complaint upon the defendant by first class mail at the defendant's last known address and filed a copy of this complaint with the court.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Officer's Name (printed) \_\_\_\_\_ Officer's ID No. \_\_\_\_\_

Agency ORI \_\_\_\_\_ Agency Name \_\_\_\_\_

MI- \_\_\_\_\_

UC-03, (rev. 3/21)

C.I.  
 MIS.  
 JUV.

Ticket No.

Name

Case No.

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Uniform Municipal  
Civil Infraction Citation**

Ticket No. Dept. No.

Complaint No. Offense Code

Local Use/Arrest No.

The People of:  the State of Michigan  
 Township  City  Village  County

OF: THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address Cellular Phone

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Veh. Type

THE PERSON NAMED ABOVE, in violation of § \_\_\_\_\_

Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

- Nuisance Ordinance
- Licenses Ordinance
- Zoning Ordinance
- Sign, Lighting & Display Ordinance
- Animal & Fowl Ordinance
- Building Code
- Plumbing Code
- Electrical Code
- Mechanical Code
- Other \_\_\_\_\_

Describe:  
\_\_\_\_\_  
\_\_\_\_\_

VIN: \_\_\_\_\_

Person in Active Military Service  Yes  No

THIS VIOLATION IS A CIVIL INFRACTION and is your \_\_\_\_\_ violation.

The fine for this violation is \$ \_\_\_\_\_ and must be paid at the violations bureau by 5:00 p.m. on \_\_\_\_\_ unless you contact the violations bureau before this time.

NOTE: This is a copy of the Notice of Violation served on the defendant.

I state that the above notice of violation was served on the defendant. The defendant failed to pay the fine specified above or failed to contact the violations bureau on the date and time specified above. Therefore, this civil infraction citation is being issued.

TO THE DEFENDANT: You are required to appear as follows to answer this citation.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS.

Appearance Date on or before \_\_\_\_\_  
 Hearing Date (if applicable) on \_\_\_\_\_  Contact Court

A formal hearing may be requested by either party.

In the \_\_\_\_\_ Court of \_\_\_\_\_

Court address & phone number  
\_\_\_\_\_  
\_\_\_\_\_

I served a copy of this complaint upon the defendant by first class mail at the defendant's last known address and filed a copy of this complaint with the court.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

MI-  
UC-03, (rev. 3/21)

C.I.  
 MIS.  
 JUV.

Ticket No.

Name

Case No.

C.I.  
 MIS.  
 JUV.

**State of Michigan  
Uniform Municipal  
Civil Infraction Citation**

Ticket No.	Dept. No.
Complaint No.	Offense Code
Local Use/Arrest No.	

The People of:  the State of Michigan  
 Township  City  Village  County

OF: \_\_\_\_\_ of \_\_\_\_\_  
THE UNDERSIGNED Month Day Year At approximately  A.M.  P.M. Date of Birth Month Day Year  
SAYS THAT ON:

State  Oper./Chauff.  CDL Driver License Number

Race	Sex	Height	Weight	Hair	Eyes	Occupation/Employer
------	-----	--------	--------	------	------	---------------------

Name (First, Middle, Last)

Street

City State Zip Code

E-mail Address	Cellular Phone
----------------	----------------

Vehicle Plate No.	Year	State	Vehicle Description (Year, Make, Color)	Veh. Type
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THE PERSON NAMED ABOVE, in violation of § \_\_\_\_\_

Local Ordinance  State Law  Administrative Rule

UPON \_\_\_\_\_

AT OR NEAR \_\_\_\_\_

WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

- |   |  |
|---|--|
| <input type="checkbox"/> Nuisance Ordinance                 | <input type="checkbox"/> Building Code   |
| <input type="checkbox"/> Licenses Ordinance                 | <input type="checkbox"/> Plumbing Code   |
| <input type="checkbox"/> Zoning Ordinance                   | <input type="checkbox"/> Electrical Code |
| <input type="checkbox"/> Sign, Lighting & Display Ordinance | <input type="checkbox"/> Mechanical Code |
| <input type="checkbox"/> Animal & Fowl Ordinance            | <input type="checkbox"/> Other _____     |

Describe:  
\_\_\_\_\_  
\_\_\_\_\_

**VIN:**

Person in Active Military Service  Yes  No

THIS VIOLATION IS A CIVIL INFRACTION and is your \_\_\_\_\_ violation.

The fine for this violation is \$ \_\_\_\_\_ and must be paid at the violations bureau by 5:00 p.m. on \_\_\_\_\_ unless you contact the violations bureau before this time.

NOTE: This is a copy of the Notice of Violation served on the defendant.

I state that the above notice of violation was served on the defendant. The defendant failed to pay the fine specified above or failed to contact the violations bureau on the date and time specified above. Therefore, this civil infraction citation is being issued.

TO THE DEFENDANT: You are required to appear as follows to answer this citation.

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS.

Appearance Date on or before \_\_\_\_\_

Hearing Date (if applicable) on \_\_\_\_\_  Contact Court

A formal hearing may be requested by either party.

In the \_\_\_\_\_ Court of \_\_\_\_\_

Court address & phone number  
\_\_\_\_\_

I served a copy of this complaint upon the defendant by first class mail at the defendant's last known address and filed a copy of this complaint with the court.

**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Officer's ID No.

Agency ORI Agency Name

MI-

UC-03, (rev. 3/21)

C.I.  
 MIS.  
 JUV.

Ticket No.

Name

Case No.

Name: Last First Middle

**District Court Register of Actions**  Change of address listed below Citation No.

Violation Date Case No.

**Appearance** Date: **Plea**  Admit  Admit with Explanation  Deny

**Hearing Date**  
 Informal  Formal Hearing Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m.

Notices to:  Defendant  Plaintiff  Local Atty.  Pros. Attorney  Def. Atty. **Findings**  Responsible  Not Responsible

**Sentence** Fine \$ Court Costs \$ Other \$ Witness Fees \$ Total \$

Payment Date \$ Installment Amount and Terms \$

Additional Sanctions

**Appeals**  
Appeal Bond \$ \_\_\_\_\_ Appeal to: \_\_\_\_\_ Court

**DATE ACTIONS, CASE NOTES**

		Name: Last	
		First	
		Middle	
		Citation No.	

Judge/Magistrate/Deputy Clerk

**COURT COPY**



**MUNICIPAL CIVIL INFRACTION - READ CAREFULLY**

**WARNING:** If you fail to appear or admit responsibility with payment in full by the date specified on the front of this citation or at the date and time scheduled for hearing, a default judgment will be entered against you. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitute a timely appearance.

If you fail to answer this citation or a notice to appear in court or to comply with a judgment, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post judgment collection procedures.

**If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.**

You are alleged to be responsible for a civil infraction. You must either:

- **Admit Responsibility** (including full payment); or
- **Admit Responsibility with Explanation;** or
- **Deny Responsibility**

**ADMIT RESPONSIBILITY** by mail, in person, or by representation.

**BY MAIL.** Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

**IN PERSON OR BY REPRESENTATION.** Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation.

**I enter my appearance, waive my right to a hearing, and I admit responsibility for the civil infraction alleged on the front of this citation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIT RESPONSIBILITY WITH EXPLANATION.** You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

**IN PERSON OR BY REPRESENTATION.** Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by representation to obtain a time to appear in court to give your explanation.

**BY MAIL.** Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will mail you its determination and, if applicable, order any fine and costs to be paid by you.

**I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DENY RESPONSIBILITY.** To deny responsibility you must either:

1. Appear in person in court for an informal hearing before a magistrate or judge; neither side may have an attorney, OR
2. Appear in court for a formal hearing before a judge. An attorney will be with the officer. You may be represented by an attorney.

If a **hearing date** is specified on the front of this citation, you must appear on that date for an informal hearing unless you contact the court at least 10 days before that date by mail, telephone, representation, or in person to request a formal hearing.

If an **appearance date** is specified on the front of this citation, you must contact the court on or before that date by mail, telephone, representation, or in person to obtain a hearing date. The court will schedule an informal hearing unless you request a formal hearing. A municipal agency may also request a formal hearing.

Notify the court and the Secretary of State immediately if you change your address.

**PLEASE NOTE:** If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

**CIVIL INFRACTION COPY**

Sheet: 3 Copy: Back Scale: 100% Artwork  
Ink color: Black  
Screens: Solid

**State of Michigan  
Commercial Law Citation**

US DOT #      Ticket No.  Victim Involved  
 MPSC      Detection Device      BAC      Dept. No.  
 The People of:  the State of Michigan      Bill Number      of  
 Township  City  Village  County      Commodity      of  
 OF:      Local Use      Local Use Arrest No.

THE UNDERSIGNED      Month      Day      Year      At approx.  A.M.      Incident No.  
 SAYS THAT ON:       P.M.

Intra Carrier Name (Required)       Defendant  
 Inter      Street      City      State      Zip Code

Owner Name       Defendant  
 Street      City      State      Zip Code

Driver Name (First, Middle, Last)       Defendant  
 Street      City      State      Zip Code

State  Oper./Chauff.  CDL      Driver's License Number      Date Month of Birth      Day      Year

Race      Sex      Height      Weight      Hair      Eyes

E-mail Address      Cellular Phone

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule  
 UPON \_\_\_\_\_ AT OR NEAR \_\_\_\_\_  
 WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3
Offense Code(s)	1	2	3

Key for Type: C/I=Civil Infraction Misd=Misdemeanor Fel=Felony Warn=Warning Fug=Fugitive  
 Waiv=Violation for Which Fines/Costs May be Waived Authorization pend.=Authorization pending

VEH. TYPE TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

	YR/MAKE	VIN/SERIAL NO.	PLATE NO.	YR/STATE		
Truck/Tractor						
Semi						
Trailer						
Axle Wgt	1	2	3	4	5	6
Actual						
Legal						
Over						
Axle Wgt	7	8	9	10	11	
Actual						
Legal						
Over						

**CHECK IF APPROPRIATE**       Damage to Property       Local Court Bond \$ \_\_\_\_\_  
 Veh. Imp.       Traffic Crash       Death       Injury       License Posted in Lieu of Bond  
 Person in Active Military Service       Yes       No       Appearance Certificate       None  
 SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
 Appearance Date on or before \_\_\_\_\_  
 Hearing Date (if applicable) on \_\_\_\_\_       Contact Court  
 Juvenile Traffic Misd. (Court will Notify)       Formal Hearing Required. (Court will Notify)  
 Court Address & Phone Number \_\_\_\_\_

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).      Officer's ID No. \_\_\_\_\_  
**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**      Agency ORI \_\_\_\_\_  
 Complainant's Signature and receipt if applicable      MI- \_\_\_\_\_  
 Month      Day      Year  
 Officer's Name (printed)      Agency Name

CLC-01, Rev. 3/21

**State of Michigan  
Commercial Law Citation**

US DOT #      Ticket No.       Victim Involved  
 MPSC      Detection Device      BAC      Dept. No.  
 The People of:  the State of Michigan      Bill Number      of  
 Township     City     Village     County      Commodity      Local Use Arrest No.  
 OF:      Local Use

THE UNDERSIGNED    Month    Day    Year    At approx.  A.M.    Incident No.  
 SAYS THAT ON:       P.M.

Intra Carrier Name (Required)       Defendant  
 Inter      Street      City      State      Zip Code

Owner Name       Defendant  
 Street      City      State      Zip Code

Driver Name (First, Middle, Last)       Defendant  
 Street      City      State      Zip Code

State  Oper./Chauff.    Driver's License Number      Date Month Day Year  
 CDL      of Birth

Race      Sex      Height      Weight      Hair      Eyes

E-mail Address      Cellular Phone

THE PERSON NAMED ABOVE, in violation of  Local Ordinance     State Law     Administrative Rule  
 UPON \_\_\_\_\_ AT OR NEAR \_\_\_\_\_  
 WITHIN  CITY     VILLAGE     TOWNSHIP OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3
Offense Code(s)	1      2      3		

Key for Type: C/I=Civil Infraction    Misd=Misdemeanor    Fel=Felony    Warn=Warning    Fug=Fugitive  
 Waiv=Violation for Which Fines/Costs May be Waived    Authorization pend.=Authorization pending

VEH. TYPE    TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

	YR/MAKE	VIN/SERIAL NO.	PLATE NO.	YR/STATE		
Truck/Tractor						
Semi						
Trailer						
Axle Wgt	1	2	3	4	5	6
Actual						
Legal						
Over						
Axle Wgt	7	8	9	10	11	
Actual						
Legal						
Over						

**CHECK IF APPROPRIATE**     Damage to Property     Local Court Bond \$ \_\_\_\_\_  
 Veh. Imp.     Traffic Crash     Death     Injury     License Posted in Lieu of Bond  
 Person in Active Military Service     Yes     No     Appearance Certificate     None  
 SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
 Appearance Date on or before \_\_\_\_\_  
 Hearing Date (if applicable) on \_\_\_\_\_     Contact Court  
 Juvenile Traffic Misd. (Court will Notify)     Formal Hearing Required. (Court will Notify)  
 Court Address & Phone Number \_\_\_\_\_

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).    Officer's ID No. \_\_\_\_\_  
**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**    Agency ORI \_\_\_\_\_  
 Complainant's Signature and receipt if applicable    MI- \_\_\_\_\_  
 Month    Day    Year  
 Officer's Name (printed)    Agency Name

CLC-01, Rev. 3/21







**State of Michigan  
Commercial Law Citation**

US DOT #      Ticket No.  Victim Involved  
 MPSC      Detection Device      BAC      Dept. No.  
 The People of:  the State of Michigan      Bill Number      of  
 Township  City  Village  County      Commodity      of  
 OF:      Local Use      Local Use Arrest No.

THE UNDERSIGNED      Month      Day      Year      At approx.  A.M.      Incident No.  
 SAYS THAT ON:       P.M.

Intra Carrier Name (Required)       Defendant  
 Inter      Street      City      State      Zip Code

Owner Name       Defendant  
 Street      City      State      Zip Code

Driver Name (First, Middle, Last)       Defendant  
 Street      City      State      Zip Code

State  Oper./Chauff.  CDL      Driver's License Number      Date Month of Birth      Day      Year

Race      Sex      Height      Weight      Hair      Eyes

E-mail Address      Cellular Phone

THE PERSON NAMED ABOVE, in violation of  Local Ordinance  State Law  Administrative Rule  
 UPON \_\_\_\_\_ AT OR NEAR \_\_\_\_\_  
 WITHIN  CITY  VILLAGE  TOWNSHIP OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3
Offense Code(s)	1	2	3

Key for Type: C/I=Civil Infraction Misd=Misdemeanor Fel=Felony Warn=Warning Fug=Fugitive  
 Waiv=Violation for Which Fines/Costs May be Waived Authorization pend.=Authorization pending

VEH. TYPE TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

	YR/MAKE	VIN/SERIAL NO.	PLATE NO.	YR/STATE		
Truck/Tractor						
Semi						
Trailer						
Axle Wgt	1	2	3	4	5	6
Actual						
Legal						
Over						
Axle Wgt	7	8	9	10	11	
Actual						
Legal						
Over						

**CHECK IF APPROPRIATE**       Damage to Property       Local Court Bond \$ \_\_\_\_\_  
 Veh. Imp.       Traffic Crash       Death       Injury       License Posted in Lieu of Bond  
 Person in Active Military Service       Yes       No       Appearance Certificate       None  
 SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS  
 Appearance Date on or before \_\_\_\_\_  
 Hearing Date (if applicable) on \_\_\_\_\_       Contact Court  
 Juvenile Traffic Misd. (Court will Notify)       Formal Hearing Required. (Court will Notify)  
 Court Address & Phone Number \_\_\_\_\_

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).      Officer's ID No. \_\_\_\_\_  
**I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.**      Agency ORI \_\_\_\_\_  
 Complainant's Signature and receipt if applicable      MI- \_\_\_\_\_  
 Month      Day      Year  
 Officer's Name (printed)      Agency Name

CLC-01, Rev. 3/21



Name: Last First Middle

District Court Register of Actions  Change of address listed below Citation No.

Violation Date Case No.

Bond History  Per. Recog.  Conditional  Cash  Surety  10% Cash  Real Property Amount/Value of Bond: \$ Set by:

Appearance Date: Attorney name  Waived  Requested:  Retained  Grant  Deny

Plea  Admit  Guilty  Mute, Not Guilty  Admit with Explanation  Deny  Not Guilty  No Contest

Hearing/Trial Date  Formal Hearing  Informal Hearing  Jury Trial  Non-Jury Trial Hrg/Trial Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m. Adjournment Date Time  a.m.  p.m.

Notices to:  Local Attorney  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

Sentence  State  Ordinance Fine \$ Court Costs \$ State Fees \$ Bond Fee \$ Other \$ Witness Fees \$ Credit \$ Total \$ Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

Appeals Appeal Bond \$ Appeal to: Court

Table with columns: DATE, ACTIONS, CASE NOTES. Includes sub-columns for Name (Last, First, Middle), Citation No., and Judge/Magistrate/Deputy Clerk.

Judge/Magistrate/Deputy Clerk

COURT COPY

Name: Last First Middle

District Court Register of Actions  Change of address listed below Citation No.

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Notices to:  Local Attorney  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

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Judge/Magistrate/Deputy Clerk

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Notices to:  Local Attorney  Pros. Attorney  Police Agency  Def. Attorney Findings  Responsible  Not Responsible  By Default  Guilty  Not Guilty  As Charged  Nolle Prosequi  Guilty as Amended  Dismissed

Sentence  State  Ordinance Fine Court Costs State Fees Bond Fee Other Witness Fees Credit Total \$ \$ \$ \$ \$ \$ \$ \$ Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

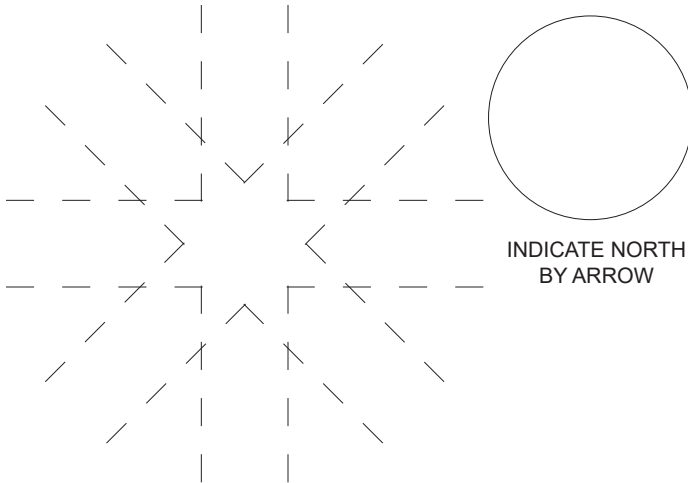
Appeals Appeal Bond \$ Appeal to: Court

Table with columns: DATE, ACTIONS, CASE NOTES, Name: Last, First, Middle, Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY

**OFFICER'S NOTES**



INDICATE NORTH  
BY ARROW

WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium
<input type="checkbox"/> Raining	<input type="checkbox"/> Muddy	<input type="checkbox"/> Gravel	<input type="checkbox"/> Heavy
<input type="checkbox"/> Snowing	<input type="checkbox"/> Snowy	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Fog	<input type="checkbox"/> Icy	<input type="checkbox"/> Divided	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Sleet	<input type="checkbox"/> Loose material _____ lanes	<input type="checkbox"/> Cross Traffic	<input type="checkbox"/> Daylight
			<input type="checkbox"/> Darkness
			<input type="checkbox"/> Dawn
			<input type="checkbox"/> Dusk
			<input type="checkbox"/> Other _____

**Remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION**

Judge/Magistrate \_\_\_\_\_

Court \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Findings:  Guilty/Responsible  Not Guilty/Responsible  Dismissed

Probation \_\_\_\_\_ Other \_\_\_\_\_

Remarks \_\_\_\_\_

**POLICE/ENFORCEMENT AGENCY/PROSECUTOR COPY**

Sheet: 4 Copy: Back Scale: 100% Artwork  
Ink color: Black  
Screens: Solid





**MISDEMEANOR  
READ CAREFULLY**

**WARNING:** If you fail to answer this citation by the date specified on the front of this citation, the court may issue a warrant for your arrest and, if this is a traffic violation, your driver license will be suspended.

NON-Resident: Deposit of a cash bond or guaranteed appearance certificate does not constitute payment, and forfeiture of the bond will not dispose of this case.

**RIGHTS: You have the right to:**

- plead guilty or not guilty;
- be represented by an attorney;
- have a trial by judge or jury;
- be presumed innocent until proven guilty;
- confront and present witnesses, testify, or remain silent;
- have all charges arising out of the same transaction determined at one trial.

You may enter a plea of guilty or a plea of not guilty in person, by representation, or by mail. The court, however, may require your personal appearance. You must enter a plea on each charge listed on the front of this ticket by checking the appropriate box for each charge and signing your name.

**MANDATORY COURT APPEARANCE:** (unless waived by the court)

- Personal Injury Cases
- Reckless Driving
- Operating vehicle while impaired
- Leaving the scene of an accident
- Operating vehicle under the influence of alcohol/controlled substance
- Driving while license is revoked or suspended
- Operating vehicle with unlawful blood alcohol level
- All juvenile misdemeanors
- All nontraffic offenses

If this is for a nontraffic offense, be sure to bring this complaint with you when you appear before the court.

**If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.**

**TO PLEAD GUILTY** and pay your fine and costs by mail, do the following: Contact the court for the amount of your fine and costs; sign below and send this copy and your certified check or money order to the court at the address indicated on the front of the citation on or before the date specified on the front of the citation. **You may also appear in court to plead guilty on or before that date.**

I enter my appearance in this case. I have been informed of my rights as set forth above. I understand that this plea will result in a judgment of conviction and that a record of the judgment will be sent to the Secretary of State. I voluntarily and knowingly waive those rights and plead guilty to the offense as charged.

- Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO PLEAD NOT GUILTY:** (traffic ticket only)

If a **hearing date** is specified on the front of this citation, you must appear in court on that date for trial; or, If an **appearance date** is specified on the front of this citation, you may sign below and mail this copy to the court at the address on the front of this citation on or before that date to plead not guilty. The court will notify you of your **hearing date**. You may also appear in court to plead not guilty on or before the **appearance date**.

I enter my appearance in this case and plead not guilty.

- Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:**

Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

**OFFICER CERTIFICATION** I certify that the violation described on the front of the citation has been corrected.

Charge 1 Signature \_\_\_\_\_ on front of ticket.

For Charges  Charge 2 Signature \_\_\_\_\_ on front of ticket.

Charge 3 Signature \_\_\_\_\_ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

**PLEASE NOTE:** If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

**MISDEMEANOR COPY**

**CIVIL INFRACTION - READ CAREFULLY**

**WARNING:** If you fail to appear by the date specified on the front of this citation or at the date and time scheduled for hearing, a default judgment will be entered against you. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitute a timely appearance.

If this is a traffic violation and you fail to answer this citation or a notice to appear, the Secretary of State will suspend your driver license.

If this is a state civil infraction and you fail to answer this citation or a notice to appear, the Secretary of State will not issue or renew your driver license.

If this is a municipal civil infraction and you fail to answer this citation or a notice to appear in court or to comply with a judgment, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post judgment collection procedures.

If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative.

You are alleged to be responsible for a civil infraction. For each charge listed on the front of this ticket, you must either: 1) admit responsibility; or 2) admit responsibility with explanation; or 3) deny responsibility. Check the appropriate box for each charge and sign your name.

**ADMIT RESPONSIBILITY** by mail, in person, or by representation.

**BY MAIL.** Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

**IN PERSON OR BY REPRESENTATION.** Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation.

**I enter my appearance, waive my right to a hearing, and I admit responsibility for the civil infraction alleged on the front of this citation.**

Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIT RESPONSIBILITY WITH EXPLANATION.** You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

**IN PERSON OR BY REPRESENTATION.** Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by representation to obtain a time to appear in court to give your explanation.

**BY MAIL.** Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will mail you its determination and, if applicable, order any fine and costs to be paid by you.

**I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.**

Charge 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Charge 3 Signature \_\_\_\_\_ Date \_\_\_\_\_

**DENY RESPONSIBILITY.** To deny responsibility you must either:

1. Appear in person in court for an informal hearing before a magistrate, referee, or judge; neither side may have an attorney. OR
2. Appear in court for a formal hearing before a judge. An attorney will be with the officer. You may be represented by an attorney.

If a **hearing date** is specified on the front of this citation, you must appear on that date for an informal hearing unless you contact the court at least 10 days before that date by mail, telephone, representation, or in person to request a formal hearing.

If an **appearance date** is specified on the front of this citation, you must contact the court on or before that date by mail, telephone, representation, or in person to obtain a hearing date. The court will schedule an informal hearing unless you request a formal hearing. A municipal agency may also request a formal hearing.

Charge 1     Charge 2     Charge 3

**VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:**  
Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

**OFFICER CERTIFICATION** I certify that the violation described on the front of the citation has been corrected.

Charge 1 Signature \_\_\_\_\_ on front of ticket.

For Charges  Charge 2 Signature \_\_\_\_\_ on front of ticket.

Charge 3 Signature \_\_\_\_\_ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

**PLEASE NOTE:** If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

**CIVIL INFRACTION COPY**