

MARYLAND UNIFORM COMPLAINT / CITATION / SUMMONS 1114B56

DRIVER'S LICENSE NUMBER CLASS STATE

DEFENDANT'S (FIRST) NAME MIDDLE LAST SUFFIX

CURRENT ADDRESS IN FULL

CITY COUNTY STATE ZIP CODE

HEIGHT WEIGHT RACE GENDER BIRTH DATE TELEPHONE NO.

VEHICLE REGISTRATION STATE YEAR

MAKE MODEL TYPE COLOR

VIOLATION DATE TIME PI PD SAFETY BELTS HAZMAT COMM. VEH.
 CDL (LICENSE) FATAL ACC. A/R SUSP. REV.

LOCATION OF OFFENSE

COUNTY/ CODE AREA ARREST TYPE CVID

MD

DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAW(S):

CITATION NO. ART/SEC/CHARGE PAYABLE FINE AMOUNT

- 1. 1124B56 TA-21-801.1 EXCEEDING MAXIMUM SPEED** PAYABLE FINE MUST APPEAR \$ 290

MPH IN A POSTED MPH ZONE

CONTRIBUTED TO ACCIDENT RELATED CITATION
- 2. 1134B56 TA-16-112(c) FAILURE OF INDIVIDUAL DRIVING ON HIGHWAY TO DISPLAY LICENSE TO UNIFORMED POLICE ON DEMAND** PAYABLE FINE MUST APPEAR \$ 50

CONTRIBUTED TO ACCIDENT RELATED CITATION
- 3. 1144B56 TA-27-105 EXCEEDING REGISTERED WEIGHT LIMIT** PAYABLE FINE MUST APPEAR \$ 86

LBS. OVERWEIGHT PERMITTED WEIGHT

CONTRIBUTED TO ACCIDENT RELATED CITATION

I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENT OF THE FOREGOING DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE.

A VISUAL COMPARISON WAS MADE BETWEEN DEFENDANT AND THEIR I.D./LICENSE.

OFFICER SIGNATURE _____

DISTRICT NO. AGENCY SUB-AGENCY ID NO.

RADAR/LASER/VASCAR OPERATOR NAME _____

AGENCY SUB-AGENCY ID NO.

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS SUMMONS AND PROMISE TO APPEAR AS REQUIRED BY THE SUMMONS. I UNDERSTAND THAT ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST.

ISSUED ELECTRONICALLY - SIGNATURE NOT REQUIRED

NOTE: Failing to comply with option 1, 2, or 3 or failing to appear for a scheduled trial/waiver hearing will result in the suspension of your license and privilege to drive by the Motor Vehicle Administration. Driving on a suspended license is a criminal offense for which you may be incarcerated.

SAMPLE - PAYABLE

**DISTRICT COURT OF MARYLAND
SUMMONS TO APPEAR / NOTICE TO DEFENDANT**

IMPORTANT INFORMATION: This citation is a summons to appear. If you request a trial or waiver hearing, you will be notified by the Circuit or District Court through a trial/waiver hearing notice setting the date, time, and place to appear. It is your obligation to know your trial/hearing date and appear on that date. It may take several weeks before a trial/hearing date is set. 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 ANY OF YOUR VIOLATIONS ARE MARKED "MUST APPEAR": You will automatically be mailed a notice of your trial date by the Court. Failure to appear will result in a warrant for your arrest.

- This paper charges you with committing a crime.
- 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.
- You have the right to have a lawyer.
- A lawyer can be helpful to you by:
 - explaining the charges in this paper;
 - telling you the possible penalties;
 - helping you at trial;
 - helping you protect your constitutional rights; and
 - helping you to get a fair penalty if convicted.
- Even if you plan to plead guilty, a lawyer can be helpful.
- 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.
- If you want a lawyer but you cannot get one and the Public Defender will not provide one for you, contact the court clerk as soon as possible.
- 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.

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

IF ANY OF YOUR VIOLATIONS ARE MARKED "PAYABLE FINE": You must comply with one of the following within 30 days after receipt of the citation. Provide any change of address if applicable.

OPTION #1 - PAYMENT: Pay the full amount of the fine for each violation within 30 days at any District Court of Maryland, by mail, or by credit card (fees apply) using the IVR system or the Court Website. If paying by mail, make check or money order payable to District Court of MD and include citation number(s) on front of check or money order. On the option form below, check "Pay Fine Amount" for each violation being paid and mail the form with your payment to the address shown for the District Court of MD. An additional \$10 service fee will be imposed for each dishonored check.

OPTION #2 - REQUEST A WAIVER HEARING REGARDING SENTENCING AND DISPOSITION INSTEAD OF A TRIAL: On the option form below, check "Request Waiver Hearing" for each violation where hearing is requested, sign and date at bottom and mail the form within 30 days to the address shown below. DO NOT SEND PAYMENT at this time.

OPTION #3 - REQUEST TRIAL: On the option form below, check "Request Trial" for each violation where Trial is requested, sign, date at bottom and mail the form within 30 days to the address shown below. DO NOT SEND PAYMENT at this time.

DISTRICT COURT OF MARYLAND COMPLAINT AND CITATION OPTION FORM

Return to:
 District Court of MD
 P.O. Box 6676
 Annapolis, MD 21401-0676

NAME (Auto Populated) DISTRICT/NO. (Auto Populated)

Check if change from address on citation.

ADDRESS

CITY, STATE, ZIP

TELEPHONE NO.

(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 290 OR <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL
(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 50 OR <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL
(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 86 OR <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL

Check the appropriate box and sign below to request a Waiver Hearing or Trial for any citations listed above.

Request Waiver Hearing - I admit that I committed the violation(s) charged in this citation. I am requesting a waiver hearing at which I may explain the circumstances to a judge. I know this is not a trial, the officer and witnesses will not be present, and that my appearance in court is for sentencing only.

Request Trial - I request a trial date for the violation(s) charged.