

MARYLAND UNIFORM COMPLAINT/CITATION/SUMMONS						XXXXXX
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	<input type="checkbox"/> PI <input type="checkbox"/> PD <input type="checkbox"/> SAFETY BELTS <input type="checkbox"/> HAZMAT <input type="checkbox"/> VEHICLE <input type="checkbox"/> CDL (LICENSE) <input type="checkbox"/> FATAL ACC. <input type="checkbox"/> A/R SUSP. REV.					
LOCATION OF OFFENSE						
COUNTY/CODE	AREA	ARREST TYPE	CVID			
<b>MD</b>						
DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAW(S):						
CITATION NO.	ART/SEC/CHARGE	PAYABLE FINE AMOUNT				
1.		<input type="checkbox"/> PAYABLE \$ <input type="checkbox"/> MUST APPEAR				
	<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION	_____				
2.		<input type="checkbox"/> PAYABLE FINE \$ <input type="checkbox"/> MUST APPEAR				
	<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION	_____				
3.		<input type="checkbox"/> PAYABLE FINE \$ <input type="checkbox"/> MUST APPEAR				
	<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION	_____				
4.		<input type="checkbox"/> PAYABLE FINE \$ <input type="checkbox"/> MUST APPEAR				
	<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION	_____				
I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE. <input type="checkbox"/> 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. 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. <b>ISSUED ELECTRONICALLY - SIGNATURE NOT REQUIRED</b>						
NOTE: 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.						

DR-049E (Rev. 10/2023)

**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 must appear in District Court as directed. You will automatically be mailed a notice of your trial date by the court. **Failure to appear may result in a warrant for your arrest.**

**TO THE PERSON CHARGED:**

- This paper charges you with committing a crime.
- If you have been arrested and remain in custody, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
- If you have been served with a citation or summons directing you to appear before a judicial officer for a preliminary inquiry at a date and time designated or within five days of service if no time is designated, a judicial officer will advise you of your rights, the charges against you, and penalties. The preliminary inquiry will be cancelled if a lawyer has entered an appearance to represent you.
- 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;
  - explaining any potential collateral consequences of a conviction, including immigration consequences;
  - helping you at trial;
  - helping you to protect your constitutional rights; and
  - helping you get a fair penalty if convicted.
- Even if you plan to plead guilty, a lawyer can be helpful.
- If you are eligible, the Public Defender or a court-appointed attorney will represent you at any initial appearance before a judicial officer and at any proceeding under Rule 4-216.2 to review an order of a District Court commissioner regarding pretrial release. If you want a lawyer for any further proceeding, including trial, but do not have the money to hire one, the Public Defender may provide a lawyer for you. To apply for Public Defender representation, contact a District Court commissioner.
- 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 [mdcourts.gov/district](http://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 Maryland RELAY: 711  
 Contact information for District Court Commissioner's Offices can be found at: [mdcourts.gov/district/directories/commissionermap](http://mdcourts.gov/district/directories/commissionermap). If you require further information about qualifying for a Public Defender, call 1-833-453-9799.

**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. If you pay the fine (Option 1) or enter into a payment plan (Option 2), you agree to a guilty disposition for the charge(s). 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 \$30 service fee will be imposed for each dishonored check.

**OPTION #2 – REQUEST TO ENTER INTO A PAYMENT PLAN UNDER § 7-504.1 OF THE COURTS ARTICLE:** If you have at least \$150 in total outstanding fines and are otherwise qualified to enter into a payment plan. On the option form below, check "Request to enter into a Payment Plan" for each violation in which a payment plan is requested, sign, date at the bottom and mail the form within 30 days to the address shown below.

**OPTION #3 – 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, date at the bottom and mail the form within 30 days to the address shown below.

**OPTION #4 – REQUEST TRIAL:** On the option form below, check "Request Trial" for each violation where trial is requested, sign, date at the bottom and mail the form within 30 days to the address shown below.

**Return to:**

**District Court of MD  
 P.O. Box 6676  
 Annapolis, MD 21401-0676**

**DISTRICT COURT OF MARYLAND COMPLAINT & CITATION OPTION FORM**

NAME: (Auto Populated)	Telephone No	DIS/NO (Auto Populated)
<input type="checkbox"/> Check if change from address on citation.	City, State, Zip	
ADDRESS		

XXXXXX	<input type="checkbox"/> PAY FINE AMOUNT \$	OR	<input type="checkbox"/> REQUEST TO ENTER INTO A PAYMENT PLAN <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL
XXXXXX	<input type="checkbox"/> PAY FINE AMOUNT \$	OR	<input type="checkbox"/> REQUEST TO ENTER INTO A PAYMENT PLAN <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL
XXXXXX	<input type="checkbox"/> PAY FINE AMOUNT \$	OR	<input type="checkbox"/> REQUEST TO ENTER INTO A PAYMENT PLAN <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL
XXXXXX	<input type="checkbox"/> PAY FINE AMOUNT \$	OR	<input type="checkbox"/> REQUEST TO ENTER INTO A PAYMENT PLAN <input type="checkbox"/> REQUEST WAIVER HEARING <input type="checkbox"/> REQUEST TRIAL

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

**Request to enter into a Payment Plan** – I admit that I committed the violation(s) charged in this citation and understand I will receive a guilty disposition. I have at least \$150 in total outstanding fines. I am requesting to enter into a payment plan to satisfy the violation(s) charged in this citation. If you are qualified, the court will mail the agreement to you or notify you otherwise. DO NOT SEND PAYMENT.

**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. DO NOT SEND PAYMENT.

**Request Trial** – I request a trial date for the violation(s) charged. DO NOT SEND PAYMENT.

DATE

DEFENDANT'S SIGNATURE