

<b>MARYLAND UNIFORM COMPLAINT/CITATION/SUMMONS</b>		<b>11145B6</b>	
DRIVER'S LICENSE NUMBER		CLASS	STATE
DEFENDANT'S (FIRST) NAME		(MIDDLE)	(LAST) (SUFFIX)
CURRENT ADDRESS IN FULL			
CITY		COUNTY	STATE ZIP
HEIGHT	WEIGHT	RACE	GENDER BIRTH DATE TELEPHONE NO.
VEH REGISTRATION	STATE	VEH YEAR	MAKE MODEL TYPE COLOR
VIOLATION DATE TIME		<input type="checkbox"/> P.I. <input type="checkbox"/> P.D. <input type="checkbox"/> SAFETY BELTS <input type="checkbox"/> HAZMAT <input type="checkbox"/> COMM VEH <input type="checkbox"/> CDL (LIC) <input type="checkbox"/> FATAL ACC. <input type="checkbox"/> A/R SUSP. REV.	
MONTH/DAY/YEAR LOCATION OF OFFENSE			
COUNTY/CODE		AREA	ARREST TYPE CVID
<b>MD</b>			
DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAWS(S):			
CITATION NO.		ART/SEC/CHARGE	PAYABLE FINE AMOUNT
1. <b>11145B6 TA-21-902(A)(1)</b> <input type="checkbox"/> PAYABLE FINE <b>DRIVING VEH. WHILE UNDER INFLUENCE</b> <input type="checkbox"/> MUST APPEAR <input type="checkbox"/> CONTRIBUTED TO ACC. RELATED CITATION <input style="width: 100px; height: 15px;" type="text"/>			
2. <b>11245B6 TA-18-21-801.1</b> <input type="checkbox"/> PAYABLE FINE \$ 290 <b>EXCEEDING MAXIMUM SPEED</b> <input type="checkbox"/> MUST APPEAR ___ MPH IN A POSTED ___ MPH ZONE <input type="checkbox"/> CONTRIBUTED TO ACC. RELATED CITATION <input style="width: 100px; height: 15px;" type="text"/>			
3. <b>11345B6 TA-16-112(C)</b> <input type="checkbox"/> PAYABLE FINE \$ 40 <b>FAILURE TO DISPLAY LICENSE</b> <input type="checkbox"/> MUST APPEAR <input type="checkbox"/> CONTRIBUTED TO ACC. RELATED CITATION <input style="width: 100px; height: 15px;" type="text"/>			
4. <b>11445B6 TA-27-105</b> <input type="checkbox"/> PAYABLE FINE \$ 86 <b>EXCEEDING REGISTERED WEIGHT LIMIT</b> <input type="checkbox"/> MUST APPEAR ___ LBS. OVERWEIGHT ___ PERMITTED WEIGHT <input type="checkbox"/> CONTRIBUTED TO ACC. RELATED CITATION <input style="width: 100px; height: 15px;" type="text"/>			
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. <input type="checkbox"/> A VISUAL COMPARISON WAS MADE BETWEEN THE DEFENDANT AND THEIR I.D./LICENSE.			
OFFICER SIGNATURE _____			
DISTRICT _____ NO. _____			
AGENCY		SUB-AGENCY	I.D. NO.
RADAR/LASER/VASCAR OPERATOR			
NAME _____			
AGENCY		SUB-AGENCY	I.D. 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			
<b>X</b> DEFENDANT'S SIGNATURE			
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.			

FOR MORE INFORMATION AND TO PAY CITATIONS  
 Visit the MD Judiciary Website at [www.mdcourts.gov/district](http://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

**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. Please read "Important Information".

1. This paper charges you with committing a crime.
2. If you have been arrested, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
3. You have the right to have a lawyer.
4. A lawyer can be helpful to you by:
  - (A) explaining the charges in this paper;
  - (B) telling you the possible penalties;
  - (C) helping you at trial;
  - (D) helping you protect your constitutional rights; and
  - (E) helping you to get a fair penalty if convicted.
5. Even if you plan to plead guilty, a lawyer can be helpful.
6. If you want a lawyer but do not have the money to hire one, the Public Defender may provide a lawyer for you. The court clerk will tell you how to contact the Public Defender.
7. 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.
8. **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.

**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.

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DISTRICT COURT OF MARYLAND  
MD COMPLAINT AND CITATION OPTION FORM

Return to: (Auto District/NO. Populated)  
District Court of MD  
P.O. Box 6676  
Annapolis, MD 21401-0676

NAME (Auto Populated)

ADDRESS  Check if change from address on citation.

CITY, STATE, ZIP

TELEPHONE NO.

CITATION NO.

<span style="color: red;">(Auto Populated)</span>			<b>YOU MUST APPEAR</b>
<span style="color: red;">(Auto Populated)</span>		<input type="checkbox"/> PAY FINE AMOUNT \$ 290	OR <input type="checkbox"/> REQUEST WAIVER HEARING
<span style="color: red;">(Auto Populated)</span>		<input type="checkbox"/> PAY FINE AMOUNT \$ 290	OR <input type="checkbox"/> REQUEST TRIAL
<span style="color: red;">(Auto Populated)</span>		<input type="checkbox"/> PAY FINE AMOUNT \$ 290	OR <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 my appearance is for sentencing purposes only.

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

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DATE DEFENDANT'S SIGNATURE