LOST OR MISSING TRAFFIC CITATION OPTION FORM
(FOR USE WITH DR-049 AND DR-049E MARYLAND UNIFORM COMPLAINT AND CITATION ONLY)

If you lost or misplaced your citation, you will need to complete this blank form, print and mail WITHIN 30 DAYS after receipt of the citation to:

District Court Traffic Processing Center
PO Box 6676
Annapolis, MD 21401

If you have more than one citation, you must send a separate form for each citation (the forms may be mailed in the same envelope). You will need to access your citation information (citation number, fine amount, date of the violation, etc.) online using our public access site Case Search at: http://casesearch.courts.state.md.us/casesearch/ to complete the necessary information on the form so your payment or request can be applied correctly. An additional $30 service fee will be imposed for each dishonored check.

Maryland Online Resolution (MDOR) is a new online platform that allows you to resolve your payable traffic citations without visiting the courthouse. For more information, please visit: mdcourts.gov/mdor/minortraffic

DISTRICT COURT OF MARYLAND UNIFORM COMPLAINT AND CITATION OPTION FORM (TRAFFIC CITATION)

Return to:

Traffic Processing Center
P.O. Box 6676
Annapolis, MD 21401-0676

NAME

COUNTY IN WHICH CITATION WAS WRITTEN: .....

ADDRESS

☐ Check if address on citation was different

CITY, STATE, ZIP

TELEPHONE NO.

WRITE IN YOUR CITATION NUMBER BELOW	CHECK THE APPROPRIATE BOX BELOW. IF MAILING IN FINE, FILL IN AMOUNT OF FINE.
	☐ PAY FINE AMOUNT $ _____ **OR** ☐ REQUEST TO ENTER INTO PAYMENT PLAN ☐ REQUEST WAIVER HEARING ☐ REQUEST TRIAL

If you pay the fine or enter into a payment plan, you agree to a guilty disposition for the charge(s).
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. 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 with your request.

☐ **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 with your request.

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

....
DATE DEFENDANT'S SIGNATURE

DR-049O (Rev. 10/2026)