

# FLORIDA UNIFORM TRAFFIC CITATION

CHECK DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) _____	

IN THE COURT DESIGNATED BELOW THE UNDERSIGN CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON \_\_\_\_\_ COMPLAINT (RETAINED BY COURT)

DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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NAME (PRINT) FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

STREET \_\_\_\_\_ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER _____	DATE OF BIRTH	MO	DAY	YR	RACE _____	SEX _____	HGT _____
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DRIVER LICENSE NUMBER _____	STATE _____	CLASS _____	CDL LICENSE _____	YR LICENSE EXP _____	IF COMMERCIAL MTR. VEH "X" HERE <input type="checkbox"/>
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YR VEHICLE	MAKE _____	STYLE _____	COLOR _____	IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>
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VEHICLE LICENSE NO _____	TRAILER TAG NO _____	STATE _____	YEAR TAG EXPIRES _____	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FT. \_\_\_\_\_ MILES \_\_\_\_\_  N  S  E  W OF NODE \_\_\_\_\_

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION

<input type="checkbox"/> UNLAWFUL SPEED	MPH SPEED APPLICABLE _____ MPH _____	<input type="checkbox"/> EXPIRED DRIVER LICENSE
( <input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4 LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> FOUR (4) MONTHS OR LESS
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT	<input type="checkbox"/> MORE THAN FOUR (4) MONTHS
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> EXPIRED TAG	<input type="checkbox"/> NO VALID DRIVER LICENSE
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> SIX (6) MONTHS OR LESS	<input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED
<input type="checkbox"/> IMPROPER CHANGE OF LANE OR COURSE	<input type="checkbox"/> MORE THAN SIX (6) MONTHS	<input type="checkbox"/> NO PROOF OF INSURANCE
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> NO PROOF OF INSURANCE	
<input type="checkbox"/> CHILD RESTRAINT		
DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL. BAL. _____ %		

<input type="checkbox"/> AGGRESSIVE DRIVING	<input type="checkbox"/> IN VIOLATION OF STATE STATUTE	SECTION _____	SUB SECTION _____
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CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS INJURY TO ANOTHER	FATAL
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED	CHECK DIGIT _____
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW	
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT	

COURT INFORMATION

DATE \_\_\_\_\_ TIME \_\_\_\_\_

COURT \_\_\_\_\_

LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE ORDER AND INSTRUCTIONS OF THE OFFICER WITH THE CITATION AND WILL FULLY RESPOND TO ACCIDENT AND SIGN THE CITATION ONLY AS GUILTY IN MY BEST INTEREST AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR WAIVER OF RIGHTS. IF YOU ARE NOT GUILTY, YOU MAY REQUEST A FURTHER ACCORDION TO COMPLY WITH THIS CITATION IN CONTACT THE CLERK OF THE COURT.