

County Of		1) <input type="checkbox"/> 2) <input type="checkbox"/> 3) <input type="checkbox"/> 4) <input checked="" type="checkbox"/>			
City (If Applicable)		MIAMI-DADE EXPRESSWAY AUTHORITY Agency -			
In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on					SUMMONS (Defendants Copy)
Day of Week	Month	Day	Year	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Name (Print)		Middle		Last	
Street		If Different than Driver License			
City			State	Zip Code	
Telephone	Date of Birth	MO	DAY	YR	RACE SEX MGT
Driver License	State		Class	YR. License EXP	If Commercial MTR. <input type="checkbox"/>
YR Vehicle	Make	Style	Color	If Placarded Hazardous Material "X" Here <input type="checkbox"/>	
Vehicle License Number	State		Year Tag Expires	If Companion Citations "X" Here <input type="checkbox"/>	
Upon a Public Street or Highway or Other Location, Namely					
FT _____ Mile _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ NODE _____					
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE.					

In Violation of : Local Ordinance State Statute

Issue Date : _____

FAILURE TO COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN THE PERIOD SPECIFIED BELOW WILL RESULT IN YOUR DRIVING PRIVILEGES BEING SUSPENDED, AND YOU WILL NOT BE ABLE TO RENEW YOUR VEHICLE REGISTRATION AND YOU SHALL BE REQUIRED TO PAY AN ADDITIONAL CIVIL PENALTY AND SERVICE FEE. No court appearance is required if you choose OPTION A or B. If you choose OPTION C, you must appear in court.

OPTIONS: (Mark One)

- Option A Elect to pay** (includes the toll amount due) within 30 days from the ISSUE DATE of this citation. Send (in U.S. funds) money order, cashier's check, or personal check payable to: Miami Dade Expressway Authority. Include the original citation, sign and date below, with your payment. Send to the MDX Violation Processing Center, P.O. Box 524470, Miami, FL, 33152. A pre-addressed envelope is enclosed for your convenience. DO NOT MAIL CASH. To pay by credit card call (305)639-6008
- Option B Elect to pay** (\$178.50 Fines and Fees plus _____ Toll Amount Due) after 30 days, but no more than 75 days, from the ISSUE DATE of this citation. POINTS WILL BE ASSESSED. Payments can be made via the Clerk of the County court website at www.miami-dadeclerk.com or by mail or in person. Send (in U.S. funds) money order, cashier's check, or personal check payable to: Clerk of the County Court. Include this original citation, sign and date below, with your payment. Send to the Clerk of the County Court, P.O. Box 02-5450, Miami, FL, 33102-5450. DO NOT MAIL CASH.
- Option C Not Guilty. Request a court hearing:**
 - If within 30 days from the ISSUE DATE, sign, date, and send this original citation to the MDX Violation Processing Center, P.O. Box 524470, Miami, FL 33152. A pre-addressed envelope is enclosed for you convenience.
 - If more than 30 days from the ISSUE DATE of the citation, but within 75 days from the ISSUE DATE of the citation, sign, date, and send this original citation directly to the Clerk of the County Court, P.O. Box 02-5450, Miami, FL 33102-545. THE COURT WILL SCHEDULE YOUR HEARING AND WILL NOTIFY YOU OF THE DATE.

MUST COMPLY BY

Defendant Signature Date Daytime Phone Number

CHAD GILL
SIGNATURE OF OFFICER

Badge No.
Revision Date: 12/04