



DISTRICT COURT OF MARYLAND
District Number (Insert District)

(Insert mail date)

John Doe
1234 Main Street
Anywhere, MD 20850

RE: Vehicle Height Monitoring Citation # (Insert Citation #)

The court date for the above mentioned violation has been scheduled for:

<DAY/DATE> at <HH:MM AM/PM>
Courtroom Number (Insert Courtroom #)
District Court of Maryland for (Insert County)
(Insert Court Address)
(Insert Court City, State, Zip)

If you do not come to court you must make your payment directly to (Insert agency name and mailing address). Telephone Number for Inquiries: (Insert agency phone #). (The court will only collect money that has been assessed on the court date). **Failure to pay the fine or appear for the court date may result in the suspension of the vehicle's registration.**

PAYMENT OF THE FINE WILL NOT RESULT IN POINTS AND CANNOT BE USED TO INCREASE YOUR INSURANCE RATES.

The owner or lessee of the vehicle is notified of the court date because it is ultimately their responsibility to make sure this violation is resolved.

(Insert Name of Administrative Clerk)
Administrative Clerk

Any reasonable accommodation for persons with disabilities should be requested by contacting the court prior to the court date at (Insert court's phone #). TTY users call Maryland RELAY: 711

DISTRICT COURT OF MARYLAND
(Insert Court Address) (Insert Phone Number)

(Insert mail date)

John Doe
123 Main Street
Anywhere, MD 20850

Re: Vehicle Height Monitoring Citation # (Insert Citation #)

You **failed to appear or failed to pay** by your court date, which was scheduled for (Insert Date) at (Insert Time). The District Court has sent your case back to this office. You must remit the fine amount to (Insert Agency Name) shown below:

(Insert agency name)
(Insert address of agency)

IF PAYMENT IS NOT MADE YOUR MOTOR VEHICLE REGISTRATION COULD BE SUSPENDED OR REFUSED!

If you have any questions contact the (Insert Agency Name) at (Insert Agency Phone #).

(Insert Signature)
(Insert Agency Name)

(Insert Agency Return Address)



Judge: _____

Clerk: _____

Court Use Only

DISTRICT COURT OF MARYLAND
District Number (Insert District)

VEHICLE HEIGHT MONITORING VIOLATION COURT DOCKET
(Insert Name of Jurisdiction)
(Insert Date and time)
COURTROOM (Insert Courtroom #)

	NAME	VIOLATION NUMBER	KEYPOINTS (Optional)	DISPOSITION	FINE	COST	TOTAL PAID
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							



DISTRICT COURT OF MARYLAND
District Number (Insert Number)

VEHICLE HEIGHT MONITORING VIOLATION DISPOSITION DOCKET

COURT LOCATION:

DATE:

REPRESENTATIVE AGENCY:

COURTROOM:

TIME:

VIOLATION INFORMATION:

DEFENDANT:

CITATION NUMBER:

LOCATION:

CHARGE:

ISSUE DATE:

VIOLATION DATE:

TAG NUMBER:

DISPOSITION INFORMATION:

POSTPONED

DEF

STATE

COURT

AGENCY AVAILABILITY

OTHER

FAIL TO APPEAR

PLEA:

GUILTY

NOT GUILTY

NC

DISPOSITION:

GUILTY

NOT GUILTY

FINE:

\$ (Up to \$500)

COSTS:


\$30.00 (\$22.50 COST and \$7.50 SURCHARGE)

COSTS WAIVED DUE TO INDIGENCY OF DEF

JUDGE ID#

DATE: (Insert Preprinted Date)

DISTRICT COURT CONTINUANCE REQUEST(S) COVER SHEET

TO:  *DISTRICT COURT OF MARYLAND*
District Number
Attention:
Court Address:
City, State, Zip:
Court Telephone Number:

From: _____ ID# _____
 Agency Name: _____
 Agency Address: _____
 Agency Contact No.: _____

(When multiple requests are submitted, violation number only is necessary.)

FOR USE BY AGENCY

Date Sent: _____

- c Request after failure to appear
- c Court date pending: Trial Date: _____

- VIOLATION TYPE:**
- Red Light Violations
 - Speed Camera Violations (§21-809)
 - Work Zone Speed Camera Violations (§21-810)
 - School Bus Camera Violations
 - Toll Violations
 - Vehicle Height Violations

No. of Requests Attached: _____

Violator's Name: _____

Violation Number(s): _____

_____	_____
_____	_____
_____	_____
_____	_____

FOR USE BY DISTRICT COURT ONLY

Total received but not listed	Total listed but not received	Total # of violations received
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Signature: _____ Date Received: _____

