

MARYLAND UNIFORM COMPLAINT AND CITATION						
<input type="checkbox"/> WITNESS						
<input type="checkbox"/> RELATED CITATION 						
DRIVER'S LICENSE / SOUNDEX NUMBER				CLASS	STATE	
DEFENDANT'S (FIRST) NAME		(MIDDLE)	(LAST)	(SUFFIX)		
CURRENT ADDRESS IN FULL						
CITY		COUNTY		STATE	ZIP CODE	
HEIGHT	WEIGHT	RACE	ETHNICITY	SEX	BIRTH DATE	TELEPHONE NUMBER
VEHICLE REGISTRATION		STATE	VEHICLE YEAR, MAKE, MODEL, TYPE, AND COLOR			
VIOLATION DATE			TIME	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.I.	<input type="checkbox"/> CONTRIBUTED TO ACCIDENT
MONTH	DAY	YEAR	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.D.	<input type="checkbox"/> SAFETY BELTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HAZMAT	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CDL (LICENSE)	<input type="checkbox"/> FATAL ACC.	<input type="checkbox"/> A/R SUSP. REV.
LOCATION OF OFFENSE				CITY/COUNTY		
MD						
GPS AT LOCATION OF OFFENSE (IF AVAILABLE)						
COUNTY CODE		AREA	ARREST TYPE	DOT NUMBER		
MVL DID UNLAWFULLY VIOLATE: CIRCLE VIOLATION BELOW: (ONE VIOLATION ONLY)						
01) 21-801.1	Exceed Max. Speed _____ MPH in _____ Zone	23) 21-301(a)	Failure to Drive Right of Center			
02) 13-401(b)(1)	Operating Unregistered Motor Vehicle	24) 21-304(c)	Driving off Road While Passing Vehicle			
03) 13-401(h)	Driving with Suspended Registration	25) 21-308(a)	Driving Wrong Direction on One Way Road			
04) 13-409(b)	Fail to Display Reg. Card on Demand	26) 21-309(b)	Unsafe Lane Changing			
05) 13-411(a)	Fail to Attach Plates at Front & Rear	27) 21-310(a)	Following Vehicle Too Closely			
06) 13-411(d)	Driving w/o Current Tags	28) 21-402(a)	Fail to Yield to Oncoming Traffic on Left Turn			
07) 13-411(f)	Display Expired Reg. Plates	29) 21-707(a)	Failure to Stop at Stop Sign			
08) 13-411(g)	Display Expired Reg. Plates	30) 21-801(a)	Speed Greater Than Reasonable			
08) 13-411(g)	Display Reg. Plate Issued to Another	31) 21-801(b)	Failure to Control Speed to Avoid Collision			
09) 13-703(g)	Unauthorized Disp. & Use of Reg. Plate	32) 21-901.1(a)	Reckless Driving			
10) 16-101(a)(1)	Driving Without License	33) 21-901.1(b)	Negligent Driving			
11) 16-112(c)	Fail to Display License on Demand	34) 21-902(a)(1)(i)	Driving Vehicle Under Influence of Alcohol			
12) 16-113(h)	Violating Lic. Restriction	35) 21-902(a)(1)(i)(i)	Driving Under Influence of Alcohol Per Se			
13) 16-115(g)	Driving With an Expired License	36) 21-902(b)(1)(i)	Driving While Impaired by Alcohol			
14) 16-116(a)	Failure to Notify Adm. Address Change	37) 21-902(c)(1)(i)	Driving While So Impaired by (Drug(s), Drug(s) and Alcohol) Incapable of Driving Safely			
15) 16-303(c)	Driving on Suspended Lic. & Priv.	38) 21-902(d)(1)(i)	Driving While Impaired by Controlled Dangerous Substance			
16) 16-303(d)	Driving on Revoked Lic. & Priv.	39) 21-1117(c)	Driver Spinning Wheels			
17) 16-303(f)	Driving on Suspended Out of State Lic.	40) 22-412.2(d)(1)	Failing to secure child under age 8 in child safety seat when transporting in motor vehicle (Operator, Occupant Under 16) Not Restrained by (Seat Belt, Child Safety Seat)			
18) 16-303(h)	Driving While Lic. Susp. Under (16-203, 16-206a2, 17-106, 26-204/206, 27-103)	42) 22-412.3(c)(2)	Front Seat Passenger 16 or More W/o Seat Belt			
19) 17-107(a)(1)	Driving Uninsured Vehicle					
20) 21-201(a)(1)	Failure to Obey Traffic Device					
21) 21-202(h)(1)	Failure to Stop at Steady Circular Red Signal					
22) 21-202(i)(1)	Fail to Stop at Red Signal Before Right Turn					
VIOLATION NOT LISTED ABOVE	ART.	TITLE	SUB-TITLE	PARAGRAPH CODE		
<input type="checkbox"/> TA <input type="checkbox"/> BR <input type="checkbox"/> LO <input type="checkbox"/> MR <input type="checkbox"/> 27 <input type="checkbox"/> TG						
CHARGE:						
PREPAYABLE <input type="checkbox"/> \$50 <input type="checkbox"/> \$70 <input type="checkbox"/> \$83 <input type="checkbox"/> \$90 <input type="checkbox"/> \$110 <input type="checkbox"/> \$120 <input type="checkbox"/> \$130						
FINE AMOUNT <input type="checkbox"/> \$140 <input type="checkbox"/> \$150 <input type="checkbox"/> \$160 <input type="checkbox"/> \$290 <input type="checkbox"/> \$330 <input type="checkbox"/> \$530 <input type="checkbox"/> \$580 <input type="checkbox"/> Other \$ _____						
NOTICE TO APPEAR						
<input type="checkbox"/> YOU MUST APPEAR WHEN REQUIRED BY THE COURT.						
<input type="checkbox"/> THIS IS A PAYABLE CITATION. YOU HAVE A RIGHT TO REQUEST TRIAL TO CONTEST YOUR GUILT OR REQUEST A WAIVER HEARING REGARDING THE SENTENCE AND DISPOSITION. YOU MAY WAIVE ANY TRIAL OR WAIVER HEARING AND PAY THE FINE SHOWN OR ENTER INTO A PAYMENT PLAN, IF ELIGIBLE. (SEE REVERSE.)						
I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.						
OFFICER'S SIGNATURE: _____ ISSUE DATE: _____						
TRIAL:	DISTRICT	LOC.	OFFICER:	AGENCY	SUB-AGENCY	ID NO.
RADAR/BREATHALYZER OPERATOR'S NAME (PRINT)		AGENCY	SUB-AGENCY	ID NO.		
WARNING – FAILURE TO SIGN MAY LEAD TO YOUR ARREST.						
I SIGN MY NAME AS A RECEIPT OF A COPY OF THIS CITATION AND NOT AS AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST.						
<input checked="" type="checkbox"/> DEFENDANT'S SIGNATURE: _____						

Front Side of Citation
To Be Pre-Numbered on
Bottom Right Margin
(White "Court Copy" and
White "Return to Court Copy"
to have Bar-Code Displayed
above Citation Number)

Note to Law Enforcement: Remove this first copy of citation before entering witness information. You may enter address of defendant as shown on driver's license if that address is different from current address.

TO THE DISTRICT COURT:
PLEASE SUMMONS THE FOLLOWING WITNESSES:

NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
NIGHT PHONE		APT #
If Law Enforcement <input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
NIGHT PHONE		APT #
If Law Enforcement <input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

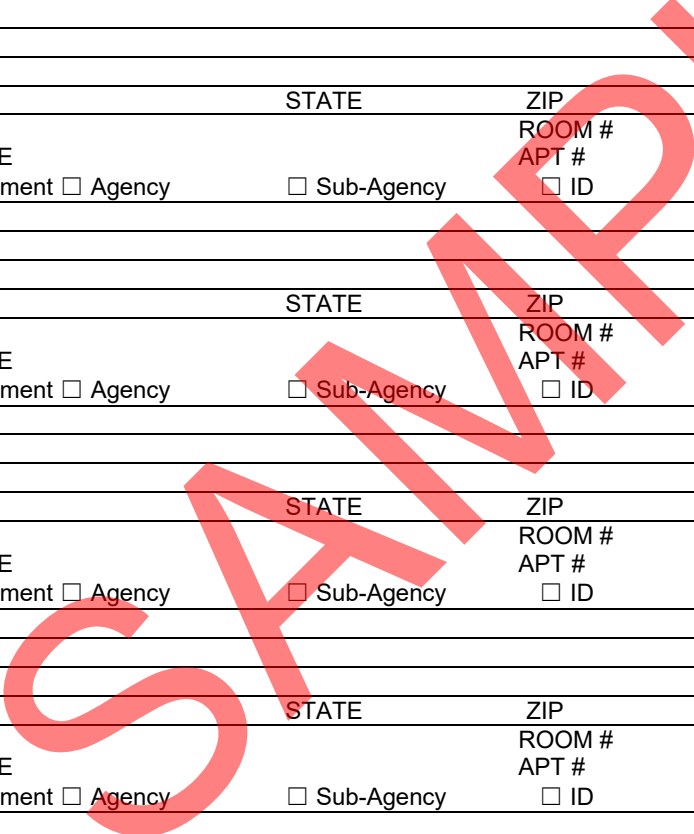
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
NIGHT PHONE		APT #
If Law Enforcement <input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

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ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
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If Law Enforcement <input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

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ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
NIGHT PHONE		APT #
If Law Enforcement <input type="checkbox"/> Agency	<input checked="" type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE		ROOM #
NIGHT PHONE		APT #
If Law Enforcement <input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> ID

Reverse Side of Copy #1
"Court Copy"
White



NOTICE TO DEFENDANT

CAREFULLY AND COMPLETELY READ ALL NOTICES ON BOTH THE RETURN TO COURT AND DEFENDANT'S COPIES OF THE CITATION INCLUDING THE "IMPORTANT INFORMATION" SECTION ON THE BLUE COPY. THE DEFENDANT'S COPY IS FOR YOUR RECORDS.

IF THIS CITATION IS MARKED "THIS IS A PAYABLE CITATION" YOU MUST COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN 30 DAYS AFTER RECEIPT OF THE CITATION:

(If you pay the fine (Option 1) or enter into a payment plan (Option 2), you agree to a guilty disposition for the charge.)

1) PAY THE FULL AMOUNT OF THE PRESET FINE, INSTEAD OF APPEARING IN COURT.

Pay the full amount of the fine at any District Court of Maryland location, or with a credit card at the Maryland Judiciary Website or by phone (see information at the top of the blue copy of the citation), or by mail as shown below.

To pay by mail:

- Make your check or money order payable to the DISTRICT COURT OF MARYLAND within 30 days. Write each citation number on the front of the check or money order.
- Mail your check and the RETURN TO COURT (white) copy of the citation to the court. If you received more than one citation you may place all citations in the same envelope. An additional \$30 service fee will be imposed for each dishonored check.

2) REQUEST TO ENTER INTO A PAYMENT PLAN UNDER § 7-504.1 OF THE COURTS ARTICLE – IF YOU HAVE AT LEAST \$150 IN TOTAL OUTSTANDING FINES AND ARE OTHERWISE QUALIFIED TO ENTER INTO A PAYMENT PLAN.

- Check the "Request to enter into a Payment Plan" box, sign and date below. If you received more than one citation, sign the statement on each citation.
- Return this copy of the citation to the court within 30 days. If you received more than one citation, you may place all citations in the same envelope.
- DO NOT SEND PAYMENT with your request.

3) REQUEST A WAIVER HEARING REGARDING SENTENCING AND DISPOSITION INSTEAD OF TRIAL – PLEAD GUILTY WITH AN EXPLANATION.

- Check the "Request a Waiver Hearing" box, sign and date below. If you received more than one citation, sign the statement on each citation.
- Return this copy of the citation to the court within 30 days. If you received more than one citation, you may place all citations in the same envelope.
- DO NOT SEND PAYMENT with your request.

4) REQUEST A TRIAL DATE AT THE DATE, TIME, AND PLACE ESTABLISHED BY THE DISTRICT COURT BY WRIT OR TRIAL NOTICE.

- Check the "Request a Trial" box, sign and date below. You will be mailed a notice of trial date.
- Return this copy of the citation to the court within 30 days. If you received more than one citation, you may place all citations in the same envelope.
- DO NOT SEND PAYMENT with your request.

IF YOU FAIL TO COMPLY WITHIN 30 DAYS AFTER RECEIPT OF THIS CITATION, THE MOTOR VEHICLE ADMINISTRATION WILL BE NOTIFIED AND MAY TAKE ACTION TO SUSPEND YOUR DRIVER'S LICENSE.

DRIVING ON A SUSPENDED LICENSE IS A CRIMINAL OFFENSE FOR WHICH YOU COULD BE INCARCERATED.

Request to enter into a Payment Plan (see #2 above): I admit that I committed the violation charged in this citation and understand I will receive a guilty disposition. I have at least \$150 in total outstanding fines. I am requesting to enter into a payment plan to satisfy the violation 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 a Waiver Hearing as to disposition (see #3 above): I admit I committed the violation in this citation and I request a waiver hearing to explain the circumstances to a judge. I understand this is not a trial, the officer and witnesses will not be present, and my appearance in court is for sentencing only.

Request a Trial (see #4 above): I request a trial date for the violation charged.

Reverse Side of Copy #4
"Return to Court Copy"
White

DATE

SIGNATURE

FOR MORE INFORMATION AND TO PAY CITATIONS
Visit the MD Judiciary Website at 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 Maryland RELAY: 711

TO THE PERSON CHARGED

IMPORTANT INFORMATION: It is your obligation to know your trial/waiver hearing date and appear on that date. You can visit the MD Judiciary Website at mdcourts.gov/district or call the IVR System (see above) to find out your trial/waiver hearing date. It may take a few weeks before a trial/waiver hearing date is set. The court will mail a courtesy notice to the name and address shown on the front of the citation. 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 CITATION IS MARKED "YOU MUST APPEAR FOR TRIAL"

This citation is a summons to appear. The court will automatically mail you a notice of your trial date. Please read "Important Information" above. You must appear in court as directed.

IF CITATION IS MARKED "THIS IS A PAYABLE CITATION" YOU MUST COMPLY WITH ONE OF THE FOLLOWING OPTIONS WITHIN 30 DAYS AFTER RECEIPT OF CITATION: (If you pay the fine or enter into a payment plan, you agree to a guilty disposition for the charge.)

1. **PAYMENT** – Pay the full amount of the fine at any District Court of Maryland location, or with a credit card at the Judiciary Website or by using the IVR system (see above) or by mailing your check (made payable to the District Court of Maryland) and the RETURN TO COURT (white) copy.
2. **ENTER INTO A PAYMENT PLAN** – If one or more fines total at least \$150 you may request to enter into a payment plan under § 7–504.1 of the Courts Article. Check the appropriate box on the RETURN TO COURT (white) copy of the citation, sign, date, and return. **DO NOT SEND PAYMENT** with your request. You will be mailed a notice regarding your request.
3. **GUILTY WITH AN EXPLANATION** – If you wish to plead guilty and have a waiver hearing as to disposition, check the appropriate box on the RETURN TO COURT (white) copy of the citation, sign, date and return. **DO NOT SEND PAYMENT** with your request. You will be mailed a notice of your waiver hearing. Since there will not be a trial, the officer and witnesses will NOT be summoned. At the waiver hearing the court will hear from you only for the purposes of imposing a sentence.
4. **TRIAL** – If you wish to stand trial and have the officer present at the trial, check the appropriate box on the RETURN TO COURT (white) copy, sign, date and return. You will be mailed a notice of your trial date. **DO NOT SEND PAYMENT** with your request.

IF YOU FAIL TO COMPLY WITHIN 30 DAYS AFTER RECEIPT OF THIS CITATION, THE MOTOR VEHICLE ADMINISTRATION WILL BE NOTIFIED AND MAY TAKE ACTION TO SUSPEND YOUR DRIVER'S LICENSE.

DRIVING ON A SUSPENDED LICENSE IS A CRIMINAL OFFENSE FOR WHICH YOU COULD BE INCARCERATED.

1. This paper charges you with committing a crime.
2. If you have been arrested and remain in custody, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
3. If you have been served with a citation or summons directing you to appear before a judicial officer for a preliminary inquiry at a date and time designated or within five days of service if no time is designated, a judicial officer will advise you of your rights, the charges against you, and penalties. The preliminary inquiry will be cancelled if a lawyer has entered an appearance to represent you.
4. You have the right to have a lawyer.
5. A lawyer can be helpful to you by:
 - (A) explaining the charges in this paper;
 - (B) telling you the possible penalties;
 - (C) explaining any potential collateral consequences of a conviction, including immigration consequences;
 - (D) helping you at trial;
 - (E) helping you protect your constitutional rights; and
 - (F) helping you to get a fair penalty if convicted.
6. Even if you plan to plead guilty, a lawyer can be helpful.
7. If you are eligible, the Public Defender or a court-appointed attorney will represent you at any initial appearance before a judicial officer and at any proceeding under Rule 4-216.2 to review an order of a District Court commissioner regarding pretrial release. If you want a lawyer for any further proceeding, including trial, but do not have the money to hire one, the Public Defender may provide a lawyer for you. To apply for Public Defender representation, contact a District Court commissioner.
8. 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.
9. **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.

Reverse Side of Copy #5
"Defendant's Copy"
Blue

Contact information for District Court Commissioner's Offices can be found at:
mdcourts.gov/district/directories/commissionermap
If you require further information about qualifying for a Public Defender, call 1-833-453-9799