

FLORIDA UNIFORM TRAFFIC CITATION

In the court designated below the undersigned certifies that he/she has just and reasonable grounds to believe and does believe that on:



Citation #:

County: _____
City: _____
Date and Time: / /

County Code: _____
City Code: _____
Agency Type: _____

VIOLATOR

First Name: _____ Middle: _____
Last: _____ DOB: / /
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Race: _____ Sex: _____ Height: ' "
DL #: _____ DL State: _____ Lic. Expires: _____
CDL: _____ Class: _____ Diff. Addr. on DL: _____

REGISTRATION

Yr. Vehicle: _____ Veh. Tag: _____
Color: _____ Trailer Tag: _____
Make: _____ Yr. Tag Expires: _____ State: _____
Style: _____
Comm. Mtr Veh.: _____ Plac. Haz. Mat.: _____

LOCATION

Upon a Public Street or Highway or Other Location Namely:

Located _____ Ft. _____ Miles _____ of Node

VIOLATION

Did unlawfully commit the following Offense, in violation of State Statute,

Actual Speed: _____ Posted Speed: _____ Companion Cit.: _____
Crash: Prop. Dam.: _____ Prop. Dam. Amt.: _____ Aggressive Driv.: _____
Injury: Ser. Injury: _____ Fatal _____

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.:

COURT INFORMATION

SEE MAILER

Court Date: _____
Court Time: _____
Fine: _____

Arrest Delivered To: _____
On: _____

SIGNATURE

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACULTY ACCOMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.

Signature of Defendant: X _____

Signature of Officer: _____

Officer Name: _____ Officer ID: _____
Case Number: _____ Troop/Unit: _____ Misc: _____
Agency Name: _____