



CHECK DIGIT

FLORIDA DUI UNIFORM TRAFFIC CITATION

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) _____	AGENCY

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED 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	RESTRICT	ENDORSE	YR LICENSE EXP
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YR VEHICLE	MAKE	STYLE	COLOR	IF COMMERCIAL MTR. VEH "X" HERE <input type="checkbox"/>
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VEHICLE LICENSE NO	STATE	YEAR TAG EXPIRES	IF PLACARDED HAZARDOUS MATERIAL "X" HERE <input type="checkbox"/>
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____

FT.	MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF NODE _____	IF COMPANION CITATION(S) "X" HERE <input type="checkbox"/>
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DID UNLAWFULLY COMMIT THE OFFENSE OF 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 ALCOHOL LEVEL OF .08 PERCENT OR ABOVE. BLOOD ALCOHOL LEVEL _____ %

COMMENTS PERTAINING TO OFFENSE: (ONLY ONE OFFENSE EACH CITATION)

<input type="checkbox"/> 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

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE _____	TIME _____	CHECK DIGIT _____
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COURT AND LOCATION _____

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND OBEY TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I WILL REFUSE TO ACCEPT AND SIGN THE CITATION UNLESS I FULLY UNDERSTAND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILTY OR A WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF DEFENDANT _____

EFFECTIVE THE DATE OF ARREST, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

- DIVING WITH AN UNLAWFUL BLOOD ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH UNLAWFUL BLOOD ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD LEVEL. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR THE SAME PERIOD OF TIME AS THE SUSPENSION.
- REFUSAL TO SUBMIT TO A LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2615. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

LICENSE SURRENDERED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	REASON _____
ELIGIBLE FOR PERMIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 7TH DAY FOLLOWING THE DATE OF ARREST.

AT THE _____ DRIVER IMPROVEMENT HEARING OFFICE. YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF THE ARREST, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER _____	BADGE NO. _____	ID. NO. _____	TROOP/UNIT _____
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