MARYLAND UNIFORM COMPLAINT / CITATION / SUMMONS XXXXXXX	DISTRICT COURT OF MARYLAND SUMMONS TO APPEAR / NOTICE TO DEFENDANT	
DRIVER'S LICENSE NUMBER CLASS STATE	IMPORTANT INFORMATION: This citation is a summons to appear. If you request a trial or waiver hearing, you will be notified by the Circuit or District Court through a trial/waiver hearing notice setting the date, time, and place to appear. It is your obligation to know your trial/hearing date and appear on that date. It may take several weeks before a trial/hearing date is set. 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 ANY OF YOUR VIOLATIONS ARE MARKED "MUST APPEAR": You must appear in District Court as directed.	
CURRENT ADDRESS IN FULL	You will automatically be mailed a notice of your trial date by the Court. Failure to appear may result in a warrant for your arrest.	
CITY COUNTY STATE ZIP CODE	TO THE PERSON CHARGED: 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	
HEIGHT WEIGHT RACE GENDER BIRTH DATE TELEPHONE NO.	 from jail until your trial. 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 	
VEHICLE REGISTRATION STATE YEAR	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.	
MAKE MODEL TYPE COLOR	 5. A lawyer can be helpful to you by: (A) explaining the charges in this paper; (B) telling you the possible penalties; 	FOR MORE INFORMATION AND TO PAY CITATIONS Visit the MD Judiciary Website at www.mdcourts.gov/district or
	 (C) explaining any potential collateral consequences (conviction, including immigration consequences; 	
CDL (LICENSE) ATAL ACC. A/R SUSP. REV.	(D) helping you at trial;	for that dates, court locations and directions.
LOCATION OF OFFENSE	(E) helping you protect your constitutional rights; and (F) helping you get a fair penalty if convicted.	From all areas including out-of-state call: 1-800-492-2656 TTY users call Maryland RELAY: 711
COUNTY/ CODE AREA ARREST TYPE CVID	6. Even if you plan to plead guilty, a lawyer can be helpful.	ed attorney will represent you at any initial appearance before a judicial officer
MD	and at any proceeding under Rule 4-216.2 to review an o	order of a District Court commissioner regarding pretrial release.
DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAW(S): CITATION NO. ART/SEC/CHARGE PAYABLE FINE AMOUNT	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.	
1.	9. DO NOT WAIT UNTIL THE DATE OF YOUR TRIAL TO	li <mark>c De</mark> fender will not provide one for you, contact the court clerk as soon as possible GET A LAWYER. If you do not have a lawyer before the trial date, you may
□ PAYABLE FINE ■ MUST APPEAR	have to go to trial without one.	ct Court Commissioner's Offices can be found at:
	http://www.mdcourts.go	v/district/directories/commissionermap.html u/qualifying for a Public Defender, call 1-833-453-9799.
	IF ANY OF YOUR VIOLATIONS ARE MARKED "PAYAE	BLE FINE": You must comply with one of the following within 30 days
PAYABLE FINE	after receipt of the citation. Provide any change of address if applicable. OPTION #1 - PAYMENT: Pay the full amount of the fine for each violation within 30 days at any District Court of Maryland, by mail.	
	OPTION #1 - PAYMENT: Pay the full amount of the fine for each violation within 30 days at any District Court of Maryland, by mail, or by credit card (fees apply) using the IVR system or the Court Website. If paying by mail, make check or money order payable to District Court of MD and include citation number(s) on front of check or money order. On the option form below, check "Pay Fine Amount" for each violation being paid and mail the form with your payment to the address shown for the District Court of MD.	
	An additional \$10 service fee will be imposed for each dis	honored check.
3. PAYABLE FINE \$ MUST APPEAR	OPTION #2 - REQUEST A WAIVER HEARING REGARDING SENTENCING AND DISPOSITION INSTEAD OF A TRIAL: On the option form below, check "Request Waiver Hearing" for each violation where hearing is requested, sign, date at the bottom and mail the form within 30 days to the address shown below. DO NOT SEND PAYMENT at this time.	
	OPTION #3 - REQUEST TRIAL: On the option form below, check "Request Trial" for each violation where Trial is requested, sign, date at the bottom and mail the form within 30 days to the address shown below. DO NOT SEND PAYMENT at this time.	
		(LAND COMPLAINT AND CITATION OPTION FORM (Auto
4. PAYABLE FINE	Return to: District Court of MD	NAME (Auto Populated) DISTRICT/NO. Populated)
MUST APPEAR \$	P.O. Box 6676	Check if change from address on citation. ADDRESS
	Annapolis, MD 21401-0676	CITY, STATE, ZIP
		TELEPHONE NO.
I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENT OF THE FOREGOING DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE.	(Auto Populated)	YOU MUST APPEAR
A VISUAL COMPARISON WAS MADE BETWEEN DEFENDANT AND THEIR I.D./LICENSE.	(Auto Populated)	PAY FINE AMOUNT \$ OR REQUEST WAIVER HEARING REQUEST TRIAL
DISTRICT NO. AGENCY SUB-AGENCY ID NO.	(Auto Populated)	PAY FINE AMOUNT \$ OR REQUEST WAIVER HEARING REQUEST TRIAL
RADAR/LASER/VASCAR OPERATOR NAME	(Auto Populated)	PAY FINE AMOUNT \$ OR REQUEST WAIVER HEARING REQUEST TRIAL
AGENCY SUB-AGENCY ID NO.	Check the appropriate box and sign below to request a Waiver Hearing or Trial for any citations listed above.	
I ACKNOWLEDGE RECEIPT OF A COPY OF THIS SUMMONS. I UNDERSTAND THAT ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST. ISSUED ELECTRONICALLY - SIGNATURE NOT REQUIRED	Request Waiver Hearing - I admit that I committed the violation(s) charged in this citation. I am requesting a waiver hearing at which I may explain the circumstances to a judge. I know this is not a trial, the officer and witnesses will not be present, and that my appearance in court is for sentencing only.	
NOTE: Failing to comply with option 1, 2, or 3 or failing to appear for a scheduled trial/waiver hearing will result in the suspension of your license and privilege to drive by the Motor Vehicle Administration. Driving on a suspended	Request Trial - I request a trial date for the violation(s) charged.	
license is a criminal offense for which you may be incarcerated.]	