MARYLANI		I COMPLAIN	T AND CITATION	N	1			
=	ED CITATIO	N 📥						
		SOUNDEX N	UMBER				CLAS	S STATE
DEFENDA	NT'S (FIRST) NAME	1)	MIDDLE)		(LAS	T)	(SUFFIX)
CURRENT	ADDRESS	IN FULL						
CITY		C	OUNTY		STATE		ZIP	CODE
HEIGHT	WEIGHT	RACE	ETHNICITY	SEX	BIF	RTH DATE	TELEPHO	NE NUMBER
VEHICLE R	EGISTRATI	ON STAT	E VEH	I ICLE YEAR, N	MAKE, MO	DEL, TYPE, ANI	D COLOR	
VIOLA	TION DATE		<u> </u>	TIME	A.M.			TED TO ACCIDENT
MONTH	DAY	YE	AR		∐ P.M.	P.D.	☐ SAFETY BE	LTS
	OF OFFEN		VEHICLE	Yes 1	lo CDL (L	ICENSE)		A/R SUSP. REV
GPS AT LO	OCATION O	F OFFENSE	(IF AVAILABLE)				MD
COUNTY			AREA	<u></u>	AR	REST TYPE	DOT N	UMBER
MVL	DID	UNLAWF	ULLY VIOLATI	E: CIRCLE	VIOLATI	ON BELOW: (ONE VIOLATI	ON ONLY)
01) 21-801.1	Exceed M in	lax. Speed _ Z	Mi		21-301(a 21-304(d		o Drive Right of of Road While P	
02) 13-401(b)(03) 13-401(h)			d Motor Vehicle d Registration		21-308(a 21-309(b		Wrong Direction Lane Changing	on One Way Road
04) 13-409(b)	Fail to Dis	splay Reg. Ca	ard on Demand	27	21-310(a) Followin	g Vehicle Too Cl	
05) 13-411(a) 06) 13-411(d)		ach Plates at o Current Ta	Front & Rear) 21-402(a) 21-707(a	a) Fail to Y a) Failure t	ield to Oncomino o Stop at Stop S	g Traffic on Left Tui
07) 13-411(f)	Display E	xpired Reg. I	Plates	30	21-801(a) Speed G	Freater Than Rea	asonable
08) 13-411(g)			ued to Another Use of Reg. Plate		21-801(b			to Avoid Collision
09) 13-703(g) 10) 16-101(a)		ithout Licens) 21-901.1) 21-901.1		s Driving nt Driving	
11) 16-112(c)			on Demand		21-902(Jnder Influence	of Alcohol
12) 16-113(h)		Lic. Restriction				a)(1)(i)(i)Driving U	Jnder Influence	of Alcohol Per Se
13) 16-115(g) 14) 16-116(a)		ith an Expire	d License Idress Change) 21-902(b) 21-902(d		While Impaired b	y Alcohol ed by (<i>Dru<mark>g(s),</mark> Dru</i> g
15) 16-303(c)		Suspended		37	21-302(phol) Incapable of	
16) 16-303(d)		Revoked Li		38	21-902(While Impaired b	
17) 16-303(f)			Out of State Lic.			Dangero	ous Substance	
18) 16-303(h)			p. Under (16-203)				pinning Wheels	alawa ana O in ahilal
19) 17-107		ninsured Veh	106, 26-204/206,	27-103) 40) 22-412.2			nder age 8 in child orting in motor vehice
20) 21-201(a)				41	22-412.3			der 16) Not Restrai
21) 21-202(h)(1)Fail to Sto	p at Steady	Circular Red Sigr	nal		by (Seat	Belt, Child Safe	ty Seat)
22) 21-202(i)(1 VIOLATION			nal Before Right	Turn 42	22-412.3	SUB-TITLE		lore without Seat B
LISTED AE		ART. TA BR [□ LO □MR □	27 🏻 TG	TITLE	SOR-IIITE	PARAGRAF	H CODE
CHARGE:								
		<u> </u>						
PREPAYA FINE AMO			\$70		∫		☐ \$130 580 ☐ Oth	er \$
			NC	TICE TO				
☐ THIS IS WAIVEF	A PAYABLE R HEARING	E CITATION, REGARDIN	QUIRED BY THE YOU HAVE A RI G THE SENTENO SHOWN. (SEE R	IGHT TO REC CE AND DISP				OR REQUEST A OR WAIVER
I SOLEMNI TRUE AND OFFICER'S	LY AFFIRM CORRECT	UNDER PEN	NALTY OF PERJUST OF MY KNOW	JRY TH <mark>AT T</mark>		N, AND BELIEF		CUMENT ARE
SIGNATUR TRIAL: DI		LOC.	OFFICER:	AGEN	CY	ISSUE SUB-AGEN	DATE: CY I	.D. NO.
RADAR/BR NAME (PR		ER OPERAT	OR'S	A	GENCY	SUB-AGENCY	′ I.D.	NO.
I SIGN MY FAILURE 1	WARNIN NAME AS A TO APPEAR	RECEIPT O MAY RESU	LURE TO S OF A COPY OF T LT IN THE ISSUA	HIS CITATIO	N AND NO	T AS AN ADMIS	SION OF GUILT	
DR-049 (Rev.	DANT'S SIG 10/2017)	SNATURE:						

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 NIGHT PHONE If Law Enforcement Agency	ROOM APT.# ☐ Sub-Agency	# □ ID.
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE NIGHT PHONE If Law Enforcement ☐ Agency	ROOM APT. # □ Sub-Agency	# □ ID.
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE NIGHT PHONE If Law Enforcement ☐ Agency	ROOM APT. # Sub-Agency	# 🗖 ID.
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE NIGHT PHONE If Law Enforcement Agency	ROOM APT. #	# D ID.
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE NIGHT PHONE If Law Enforcement Agency	ROOM APT.# Sub-Agency	# □ ID.
NAME		
ADDRESS		
CITY	STATE	ZIP
DAY PHONE NIGHT_PHONE	ROOM : APT. #	#
If Law Enforcement Agency	☐ Sub-Agency	□ ID.

Reverse Side of Copy #1
"Court Copy"
White

IN CAR	PATROLLING	ON ROUTE		
WITH				
OBSERVED DEF. G	OING	ON ROUTE		
AT				
PACED DEF. FROM	1	ТО		
OPERATING		VEHICLE COLOR		
GOT BEHIND DEF.	AT			
STOPPED DEF.		TOTAL DISTANCE		
SPEED	OTHER VIOLATION	ONS		
WEATHER		ROAD		
TRAFFIC				
WITH DEF. AT TIME	=			
SPEEDOMETER TE	STED	CONDITION		
RADAR UNIT USED				
RADAR REST TIME	S			
REMARKS				
	> Y	7		

Reverse Side of Copy #3
"Officer's Copy"
Pink

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 CITATION:

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. Write each citation number on the front of the check or

 Place your check and the RETURN TO COURT (white) copy of the citation in the attached envelope and mail it to the Court. If you received more than one citation you may place all citations in the same envelope. An additional \$10 service fee will be imposed for each dishonored check.

2) 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 in the attached envelope. If you received more than one citation you may place all citations in the same envelope.

• DO NOT SEND PAYMENT.

3) 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 in the attached envelope. If you received more than one citation you may place all citations in the same envelope.

DO NOT SEND PAYMENT

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

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

Request a Waiver Hearing as to Disposition (see #2 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 #3 above): I request a trial date for the violation
charged.
Please check box on front of envelope that corresponds to the option

DATE SIGNATURE

you chose and mail payment or request for trial/waiver hearing.

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

FOR MORE INFORMATION AND TO PAY CITATIONS

Visit the MD Judiciary Website at www.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 www.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:

- 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 in the attached envelope.
- 2. 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 in the attached envelope. DO NOT SEND PAYMENT AT THIS TIME. 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.
- 3. 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 in the attached envelope. You will be mailed a notice of your trial date. DO NOT SEND PAYMENT AT THIS TIME.

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.

Contact information for District Court Commissioner's Offices can be found at: http://www.mdcourts.gov/district/directories/commissionermap.html
If you require further information about qualifying for a Public Defender, call 1-833-453-9799. Reverse Side of Copy #5
"Defendant's Copy"
Blue