

# FLHSMV

FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES



## Uniform Traffic Citation Procedures Manual

Division of Motorist Services, Bureau of Records

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# 1. FOREWORD

The Florida Department of Highway Safety and Motor Vehicles (FLHSMV) has statutory responsibility to collect and store information regarding highway safety, licensing of motor vehicles, administration of driver license issuance, driver records, Uniform Traffic Citations (UTC), and crash records. Statutory authorities are in *Chapters 316, 318, 320, 322 and 324, Florida Statutes*. This manual sets forth the requirements of reporting and administration of UTCs utilized in the state of Florida.

The collection and storage of UTC data is accomplished through the cooperative efforts of the state's Law Enforcement Agencies (LEA), Courts, Clerks of Court (COC), State Attorneys (SA), Florida Court Clerks and Comptrollers (FCCC), and FLHSMV. Additionally, FLHSMV's goal is to become fully electronic, which will ensure accuracy, completeness, and timeliness in the citation data processing with all stake holders.

The UTC data received from LEAs, SAs, Courts, and COCs are sent to FLHSMV via FCCC daily. FCCC transfers this data to FLHSMV utilizing an electronic system known as the Traffic Citation Accounting and Transmission System (TCATS). This system is comprised of the hardware, software, business rules, standards, policies, and procedures used to ensure the security, integrity, and quality of the data are maintained and efficiently distributed.

This manual is also intended to be used as a training aid for all agencies and entities involved in the UTC process and should be utilized in conjunction with the current TCATS Interface Control Document (ICD).

Any questions regarding this manual should be directed to FLHSMV at [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov) or the appropriate FLHSMV Senior Liaison Officer assigned to your region. A list of Senior Liaison Officers is available at: <https://www.flhsmv.gov/courts-enforcement/utc/senior-liaison-officers/>.

## 2. STATUTORY AUTHORITY

### 316.650 Traffic Citations

(1)(a) The department shall prepare and supply to every traffic enforcement agency in this state an appropriate form traffic citation that contains a notice to appear, is issued in prenumbered books, meets the requirements of this chapter or any laws of this state regulating traffic, and is consistent with the state traffic court rules and the procedures established by the department. The form shall include a box that is to be checked by the law enforcement officer when the officer believes that the traffic violation or crash was due to aggressive careless driving as defined in s. 316.1923. The form shall also include a box that is to be checked by the law enforcement officer when the officer writes a uniform traffic citation for a violation of s. 316.074(1) or s. 316.075(1)(c)1. as a result of the driver failing to stop at a traffic signal.

(b) The department shall prepare, and supply to every traffic enforcement agency in the state, an appropriate affidavit-of-compliance form that shall be issued along with the form traffic citation for any violation of s. 316.610 and that indicates the specific defect needing to be corrected. However, such affidavit of compliance may not be issued in the case of a violation of s. 316.610 by a commercial motor vehicle. Such affidavit-of-compliance form shall be distributed in the same manner and to the same parties as is the form traffic citation.

(c) Notwithstanding paragraphs (a) and (b), a traffic enforcement agency may produce uniform traffic citations by electronic means. Such citations must be consistent with the state traffic court rules and the procedures established by the department and must be appropriately numbered and inventoried. Affidavit-of-compliance forms may also be produced by electronic means.

(d) The department must distribute to every traffic enforcement agency and to any others who request it, a traffic infraction reference guide describing the class of the traffic infraction, the penalty for the infraction, the points to be assessed on a driver's record, and any other information necessary to describe a violation and the penalties therefor.

(2) Courts, enforcement agencies, and the department are jointly responsible to account for all uniform traffic citations in accordance with rules and procedures promulgated by the department.

(3)(a) Except for a traffic citation issued pursuant to s. 316.1001 or s. 316.0083, each traffic enforcement officer, upon issuing a traffic citation to an alleged violator of any provision of the motor vehicle laws of this state or of any traffic ordinance of any municipality or town, shall deposit the original traffic citation or, in the case of a traffic enforcement agency that has an automated citation issuance system, the chief administrative officer shall provide by an electronic transmission a replica of the citation data to a court having jurisdiction over the alleged offense or with its traffic violations bureau within 5 days after issuance to the violator.

(b) If a traffic citation is issued pursuant to s. 316.1001, a traffic enforcement officer may deposit the original traffic citation or, in the case of a traffic enforcement agency that has an automated citation system, may provide by an electronic transmission a replica of the citation data to a court having jurisdiction over the alleged offense or with its traffic violations bureau within 45 days after the date of issuance of the citation to the violator. If the person cited for the violation of s. 316.1001 makes the election provided by s. 318.14(12) and pays the \$25 fine, or such other amount as imposed by the governmental entity owning the applicable toll facility, plus the amount

of the unpaid toll that is shown on the traffic citation directly to the governmental entity that issued the citation, or on whose behalf the citation was issued, in accordance with s. 318.14(12), the traffic citation will not be submitted to the court, the disposition will be reported to the department by the governmental entity that issued the citation, or on whose behalf the citation was issued, and no points will be assessed against the person's driver license.

(c) If a traffic citation is issued under s. 316.0083, the traffic infraction enforcement officer shall provide by electronic transmission a replica of the traffic citation data to the court having jurisdiction over the alleged offense or its traffic violations bureau within 5 days after the date of issuance of the traffic citation to the violator. If a hearing is requested, the traffic infraction enforcement officer shall provide a replica of the traffic notice of violation data to the clerk for the local hearing officer having jurisdiction over the alleged offense within 14 days.

(4) The chief administrative officer of every traffic enforcement agency shall require the return to him or her of the officer-agency copy of every traffic citation issued by an officer under the chief administrative officer's supervision to an alleged violator of any traffic law or ordinance and all copies of every traffic citation that has been spoiled or upon which any entry has been made and not issued to an alleged violator. In the case of a traffic enforcement agency that has an automated citation issuance system, the chief administrative officer shall require the return of all electronic traffic citation records.

(5) Upon the deposit of the original traffic citation or upon an electronic transmission of a replica of citation data of the traffic citation with respect to traffic enforcement agencies that have an automated citation issuance system with a court having jurisdiction over the alleged offense or with its traffic violations bureau, the original citation, the electronic citation containing a replica of citation data, or a copy of such traffic citation may be disposed of only by trial in the court or other official action by a judge of the court, including forfeiture of the bail, or by the deposit of sufficient bail with, or payment of a fine to, the traffic violations bureau by the person to whom such traffic citation has been issued by the traffic enforcement officer.

(6) The chief administrative officer shall transmit, on a form approved by the department, within 5 days after submission of the original, groups of issued citations and transmittal data to the court. Batches of electronic citations containing a replica of citation data may be transmitted to the court in an electronic fashion, in a format prescribed by the department within 5 days after issuance to the violator.

(7) The chief administrative officer shall also maintain or cause to be maintained in connection with every traffic citation issued by an officer under his or her supervision a record of the disposition of the charge by the court or its traffic violations bureau in which the original or copy of the traffic citation or electronic citation was deposited.

(8) It is unlawful and official misconduct for any traffic enforcement officer or other officer or public employee to dispose of a traffic citation or copies thereof or of the record of the issuance of the same in a manner other than as required herein.

(9) Such citations shall not be admissible evidence in any trial, except when used as evidence of falsification, forgery, uttering, fraud, or perjury, or when used as physical evidence resulting from a forensic examination of the citation.

(10) If a uniform traffic citation has not been issued with respect to a criminal traffic offense, or with respect to an offense that requires mandatory revocation of the driver license or driving privilege pursuant to s. 322.26 upon conviction of such offense, and the prosecution is by affidavit, information, or indictment, the prosecutor shall direct the arresting officer to prepare a citation. In the absence of an arresting officer, the prosecutor shall

prepare the citation. For the purpose of this subsection, the term “arresting officer” means the law enforcement officer who apprehended or took into custody the alleged offender.

(11) Driver information contained in a uniform traffic citation, which includes but is not limited to, the accused person’s name and address, shall not be used for commercial solicitation purposes. However, the use of such driver information contained in a uniform traffic citation shall not be considered a commercial purpose when used for publication in a newspaper or other news periodical, when used for broadcast by radio or television, or when used to inform a person of the availability of driver safety training.

### **3. DESCRIPTION OF THE UNIFORM TRAFFIC CITATION**

Florida has the standard UTC and Driving Under the Influence citations. The format for these citations is paper and electronic. The paper UTC form is designed in three (3) parts with preprinted numbers and color coded for ease of identification. Each part serves distinctively different purposes. The overall size of the form is 4 ¼ inches by 8 ½ inches, printed in black and red ink, on pre-carboned paper (See Diagram 2).

Electronic citations (eCitations) may vary from this description. Law enforcement agencies that wish to use eCitations **must** use an approved vendor. Although vendor’s formats may vary from the above description, FLHSMV closely scrutinizes and must approved variations. For a list of currently approved vendors, please visit: <https://www.flhsmv.gov/pdf/courts/utc/e-citationvendors.pdf>

In general, the eCitation should be uniform and there are certain things that should not deviate from the current paper format. Data field placement should be uniform on all citations and the narrative on the citations must not differ. Examples of previously approved variances include agencies may print eCitations on an 8 ½ x 11 form; specific violations may print instead of the standard list of violation choices; and smaller forms may be approved for use by motorcycle officers. It is at the discretion of the individual law enforcement agency to determine the type of paper used.

**NOTE: No advertisements are allowed on the front or back of an eCitation.**

#### **a) Part One (White) – COMPLAINT – RETAINED BY COURT**

This part is designed to serve as a complaint for both civil and criminal cases and is used by judges and the COC to indicate court action taken on the reverse side of the form.

#### **b) Part Two (Yellow) – SUMMONS – VIOLATOR’S COPY**

This part is reserved for the traffic offender. The reverse side of the paper citation is to notify individuals charged with traffic infractions (not requiring a court appearance) regarding the options available to them when responding to the violation.

#### **c) Part Three (Pink) – OFFICER-AGENCY COPY**

This part is reserved for the officer/agency to retain for accountability purposes, to maintain record of court’s action and for officers to make notes to be used for testifying in court.

#### **d) Book Assignment Receipt**

Only paper citation assignment receipts have the beginning and ending numbers pre-printed.

## 3.1 CITATION NUMBER ALGORITHM

The current number format still consists of seven characters; however, the first six characters are a collection of alpha-numeric characters, generated using a base 36 conversion of a unique number held within the FLHSMV database. The seventh character will be either a P (for paper) or E (for electronic). This current format does not contain a check digit. FLHSMV implemented the current citation number format to support the increasing use of eCitations.

## 3.2 REQUESTING CITATIONS

### 3.2.1 REQUESTING PAPER AND ECITATIONS

Under the discretion of the Bureau of Records, a contractor (successful bidder) is responsible for the printing, warehousing, and shipping of UTC books to all law enforcement agencies. Agencies that need additional citations should email Court Assist at [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov). In the email, please include the following:

- Agency name
- Agency's approved point of contact information
  - Name, address, and phone number
  - No P.O. Box
- Count of current citations on hand
- Type of citations requesting
  - UTC or DUI
  - Paper or Electronic
- Number of citations requested

### 3.2.2 PAPER CITATIONS

- a) Each law enforcement agency's shipment of paper citations includes a UTC invoice and receipt form and a tracking sheet listing all citations provided. This form indicates the UTC series numbers and the total number of books shipped.
1. Upon receipt of shipment, the receiving officer /clerk shall examine the contents of the shipment immediately and shall contact the Bureau of Records (address and phone number below) to resolve any discrepancy.
  2. Note missing numbers on the packing list and verification receipt under "Remarks". Enter the date received and print the name of receiving office/clerk in the space provided. (See Diagram 1)

Return form to address below:

Department of Highway Safety and Motor  
Vehicles Bureau of Records  
2900 Apalachee Parkway, Room A213, MS 89  
Tallahassee, Florida 32399-0500  
Telephone: 850-617-2589 Fax: 850-617-5168  
Email: [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov)

- b) List any books damaged beyond use during shipment from the beginning number to end number on the invoice form contained in the carton of citations and return to the Bureau of Records. In the space for "Remarks" on the office receipt form, print or type, "Damaged in Shipment".
- c) If the agency later discovers that citations are missing or mutilated, notify the Bureau of Records in Tallahassee **IMMEDIATELY** in writing, listing the series of the missing or mutilated citation(s). FLHSMV will void these citation(s) from the agency's inventory record. Return the mutilated citations to the Bureau of Records. (See address above)

**NOTE: Verify the shipment, return the invoice, and receipt form within five days to the Bureau of Records. Do not hold the invoice and receipt form until the agency begins using the book(s). The agency should retain a copy.**

### **3.2.3 ELECTRONIC CITATIONS**

Authorized agencies with an approved vendor requesting citation numbers for eCitations, must email the Bureau of Records at [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov). This will serve as an invoice and will be applied to our inventory file. The Bureau of Records assigns and delivers eCitation numbers in an excel spreadsheet. Uploading the spreadsheet into your agency's eCitation software should help reduce the most common duplication errors such as a rollover into a series not assigned to that agency and data entry errors caused by manual input. Agencies should follow up with an acknowledgment email verifying receipt of numbers.

**NOTE: Please use CONSOLAS Font for the citation numbers. The Consolas Font distinguishes "0" from "O" and "1" from "I".**

### **3.2.4 AGENCY ASSIGNMENT TO OFFICER**

- a) In addition to the responsibility placed on FLHSMV for keeping accurate records, each law enforcement agency is also responsible for keeping records of all citations supplied to them and all citations used or issued by them. There are two receipts in the front of each traffic citation book. Each agency may develop their own procedures for assigning citations to individual officers and may use these receipts to assist with internal control and record keeping. Upon receipt of each book, the officer shall:

Inspect the book to ensure that citations are in correct numeric sequence, that each UTC book contains 25 sets of citations, and are the same as those listed on the officer's receipt. DUI books contain 10 sets of citations.

## Examples of the Officer Receipt Forms

0510008900 (g1) INSERT

1/2" REINFORCING TAPE

PREP PERP

OFFICER'S RECEIPT

Department \_\_\_\_\_

No. From XXXXXXX Thru XXXXXXX

Issued To - Officer's Name \_\_\_\_\_

Date Issued \_\_\_\_\_ Troop or Dist. \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Signature of Officer \_\_\_\_\_ ID \_\_\_\_\_

**IMPORTANT**

1. EACH CITATION IN THIS BOOK MUST BE ACCOUNTED FOR.
2. IF CITATION IS SPOILED WHILE WRITING IT OR IS NOT COMPLETED FOR ANY REASON, MARK VOID ACROSS IT, SIGN IT AND RETURN ALL COPIES TO PROPER AUTHORITY.
3. IF CITATION IS LOST OR MISSING BEFORE OR AFTER WRITING IT, AN AFFIDAVIT CONCERNING THIS FACT SHOULD BE EXECUTED AND TRANSMITTED TO THE PROPER AUTHORITY.
4. IF THE ENTIRE BOOK OF CITATIONS OR PART OF IT IS RENDERED UNUSABLE IN ANY WAY, IT SHOULD BE TURNED IN FOR TRANSMITTAL TO THE PROPER AUTHORITY.

**Aggressive Careless Driver, Section 316.1923, F.S.**  
 DHSMV's interpretation of this statute is that an officer is not required to write two citations to check the aggressive driver box. If the driver commits two or more violations as listed in the aggressive careless driver definition, we recommend that the box be checked regardless of the number of citations issued. The officer should provide an explanation as to why the box was checked on the comments line of the citation.

**As a reminder, you cannot cite a driver for aggressive careless driving. However, you should check the box to indicate that the driver committed aggressive careless violations.**

Do NOT use the citation numbers of this booklet for tickets generated by portable electronic systems. Contact DHSMV, Bureau of Records to obtain valid electronic citation numbers.

PRE-CARBONED PAPER  
 HSMV 7500 (Rev. 07/12)

1/2" REINFORCING TAPE

PERP PERP

DUI BOOK  
 OFFICER'S RECEIPT

Department \_\_\_\_\_

No. From XXXXXXX Thru XXXXXXX

Issued To - Officer's Name \_\_\_\_\_

Date Issued \_\_\_\_\_ Troop or Dist. \_\_\_\_\_

Issuing Authority \_\_\_\_\_

Signature of Officer \_\_\_\_\_ ID \_\_\_\_\_

**IMPORTANT**

1. EACH CITATION IN THIS BOOK MUST BE ACCOUNTED FOR.
2. IF CITATION IS SPOILED WHILE WRITING IT OR IS NOT COMPLETED FOR ANY REASON, MARK VOID ACROSS IT, SIGN IT AND RETURN ALL COPIES TO PROPER AUTHORITY.
3. IF CITATION IS LOST OR MISSING BEFORE OR AFTER WRITING IT, AN AFFIDAVIT CONCERNING THIS FACT SHOULD BE EXECUTED AND TRANSMITTED TO THE PROPER AUTHORITY.
4. IF THE ENTIRE BOOK OF CITATIONS OR PART OF IT IS RENDERED UNUSABLE IN ANY WAY, IT SHOULD BE TURNED IN FOR TRANSMITTAL TO THE PROPER AUTHORITY.

**Section 316.1923, F.S. Aggressive Careless Driver**  
 DHSMV's interpretation of this statute is that an officer is not required to write two citations to check the aggressive driver box. If the driver commits two or more violations as listed in the aggressive careless driver definition, we recommend that the box be checked regardless of the number of citations issued. The officer should provide an explanation as to why the box was checked on the comments line of the citation.

**As a reminder, you cannot cite a driver for aggressive careless driving. However, you should check the box to indicate that the driver committed aggressive careless violations.**

Do NOT use the citation numbers of this booklet for tickets generated by portable electronic systems. Contact DHSMV, Bureau of Records to obtain valid electronic citation numbers.

PRE-CARBONED PAPER  
 HSMV 7500 (Rev. 10/16)

- IMPORTANT NOTE: Under NO circumstances is it permissible for one law enforcement agency to allow another law enforcement agency to use their citations unless authorized by the Bureau of Records in Tallahassee.** FLHSMV's inventory system assigns each citation to a specific agency.
- Upon separation from the agency, an officer must surrender any assigned citation book(s) to his/her immediate supervisor. **The agency may reassign all full & partial books to another officer within the same arresting agency.**
- ECitations assigned to an officer who has separated from the agency should be reassigned to other officers at the same agency.
- Agencies must have accurate and complete citation records showing received citations, citations assigned in inventory, citations assigned to officers, and the date of citation transmission to the COCs.
- If an officer needs to void a citation, **all** copies must be in the officer's possession and marked **VOID** with a brief explanation and the officer's initials. **Only the arresting officer may void the citation.** Forward a copy to FLHSMV (Mail Stop 89) for accountability. The agency **CANNOT** void citations once submitted to the COC. Once submitted to the COC, court action is required (Dismissal, Nolle Prosequi, etc.). Remember, it is unlawful and official misconduct for an officer to dispose of a citation other than as required by *section 316.650, Florida Statutes*.
- The Bureau of Records' Senior Liaison Officers will periodically audit agencies' citation inventory for accountability purposes pursuant to *section 316.650, Florida Statutes*. SLOs conduct audits more frequently at the agency's requestor if FLHSMV believes additional audits are necessary.

### 3.2.5 VOIDS

Pursuant to Florida Statutes, citations submitted to the COC require court action. It is unlawful and official misconduct for any officer or public employee to dispose of a traffic citation in a manner other than what is required by *section 316.650, Florida Statutes*. All spoiled, mutilated, or otherwise unusable citations that have not been submitted to the COC must be voided by FLHSMV.

When reporting citations for voids the agency must submit a letter on agency letterhead. The letter must include the list of the citations to void and reasons for the voiding. The chief administrative officer or a designated official must sign and date the letter. The agency should report the voids using one of the following options:

Mail To:

Florida Department of Highway Safety and Motor  
Vehicles Bureau of Records  
2900 Apalachee Parkway, Room A213, MS 89  
Tallahassee, Florida 32399-0500

**NOTE: The agency must return all copies of the citation(s) and the letter.**

Or

Email To: [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov)

**NOTE: Email must include the letter and an excel spreadsheet listing all the citations in alphanumeric order in the Consolas font. Once FLHSMV approves the voids the agency can destroy the citations by crosscut shredding or incineration.**

### 3.2.6 AGENCY ASSIGNMENTS TO CLERK OF COURTS AND STATE ATTORNEYS

- a) Pursuant to section 316.650(10), *Florida Statutes*, Assistant State Attorneys (ASA) must issue traffic citations under certain circumstances.
- b) The Bureau of Records will issue traffic citations to the COC and ASA when requested. The COC and SA shall sign the officer's receipt and be accountable for the citations to the Bureau of Records in the same manner as law enforcement agencies.

### 3.2.7 DISBANDED/ABSORBED BY ANOTHER LAW ENFORCEMENT AGENCY

If a law enforcement agency ceases to function, the agency must notify FLHSMV on agency letterhead. The letter must include the following:

- Address the letter to the Bureau Chief of Records
- Note whether the agency is disbanded/absorbed
- Effective date of the disbandment/absorption
- Forwarding agency contact information
- The agency head's signature

**NOTE: Gather all unused UTC books for FLHSMV accounting.**

Mail To:

Bureau Chief of Records, Motorist Services  
2900 Apalachee Parkway, Room A213,  
MS89 Tallahassee, Florida 32399-0500  
Telephone: 850-617-2589 Fax: 850-617-5168  
Email: [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov)

After submitting the letter, contact the Bureau of Records' Senior Liaison Officer to have all unused citation books audited and collected.

## 4. COMPLETION OF A STANDARD UNIFORM TRAFFIC CITATION

- a) Use a hard divider between the sets (three copies) when completing the citation. Use a ball point pen to ensure that the information is legible on all three copies. (Print all information in black ink)
- b) Print legibly.
- c) Sign the citation and include your officer ID and/or badge number.
- d) Submit the court copy of the citation to the COC within five days from the date of issuance pursuant to *section 316.650(3), Florida Statutes*.
- e) Voided citations must be sent to FLHSMV utilizing your agency policies and procedures.

[Please see Diagram 2](#)

### 4.1 STEP BY STEP PROCEDURES

Please refer to Diagram 2 in the back of the manual to locate the fields listed below on a paper citation.

- **County (4)**– Print the complete name of the county in which the offense occurred and enter the two-digit county code from Appendix A. This block is important and must be filled in even though the offense may have occurred inside the incorporated limits of a city.

**NOTE: After writing the first entry, check the last page (pink copy) to make sure all copies are legible. If all copies are not legible, trace over the citation. This takes only a few seconds and, in many instances, saves the officer and COC personnel considerable time in transmitting an unreadable copy.**

- **City (6)**– Enter only if violation occurred within city limits
- **Agency Number (8)**– Refer to Appendix A to obtain your agency number.
- **Agency Name (9)**– Agency Name: required if agency type is 2 (Police Department) or 4 (Other). Name can be up to 20 characters.
- **Day of Week (10)**– Up to 4-character abbreviation for day of week (MOND, TUES, WEDN, THUR, FRID, SATU, SUND).
- **Offense Date (11)**– Format: MM/DD/YYYY Ex. 07/07/2001. Future dates will be rejected.
- **Offense Time (12)**– Format HH:MM Ex. 08:30. Do not use military time.
- **Offense Time (AM/PM) (13)**– Check either AM or PM, not both.

**NOTE: If the violator does not have a driver license or identification card, enter the FULL name, date of birth, and sex. The right thumbprint must be placed on the reverse side of the first copy (Complaint) when the violator does not have a driver license card pursuant to *section 322.15(2), Florida Statutes*.**

**If the violator has an expired license, enter the name as it appears on the expired license. If it is an out-of-state license with the last name first, reverse the order and list the first, middle, and last name.**

- **Driver – First Name (14)** – Enter the violator’s given name using UPPERCASE alphabetic characters (A-Z) as it appears on the driver license or identification card. In addition, hyphens (“-”), apostrophes (“’”), and a blank is allowed.
- **Driver – Middle Name (15)** – Enter the violator’s middle name (if they have one) as it appears on the driver license or identification card. Otherwise leave blank.
- **Driver – Last Name (16)** – Enter the violator’s surname using UPPERCASE alphabetic characters (A-Z) as it appears on the driver license or identification card. In addition, hyphens (“-”), apostrophes (“’”), and a blank is allowed.
- **Driver – Suffix (17)** – Enter the violator’s suffix as it appears on the driver license or identification card. Leave this field blank if there is no suffix or if driver’s name is “the first”.
- **Street Address (18)** – Always ask the violator for his/her current address and enter that address. Only characters allowed are A-Z, 0-9, “#” (number sign), “-” (hyphen), “/” (forward slash, needed for half numbers in address), and blank. Use “GENERAL DELIVERY” if unknown.
- **Address different than Driver License (19)** – If the address differs from that on the driver license, put an ‘X’ in the box on the citation indicating a change in address. Leave blank otherwise.
- **City (20)** – Enter the driver’s address city. If the driver’s address city is not known use your County’s Seat (only use abbreviations approved by COC).
- **State of Driver’s Address (21)** – Enter the driver’s address state code as listed in Appendix A. Use value ‘CD’ for Canadian (all provinces) addresses and ‘MX’ for Mexico (all states); use ‘FF’ for other foreign countries and US territories.
- **Zip Code (22)** – Enter the driver’s zip code.
- **Telephone Number (23)** – Enter the telephone number where the violator may be contacted in case additional information is required. (10 digits no hyphens)
- **Birth Date (24)** – Enter date of birth of violator. Format: MM/DD/YYYY Ex. 07/07/2001 if unknown use default Date of Birth of ‘01/01/1900’.
- **Race (25)** – The only acceptable races codes are: “W” (White), “B” (Black), “I” (American Indian), “A” (Asian), “H” (Hispanic), or “O” (Other).
- **Sex (26)** – Enter “F” (Female) or “M” (Male) **as indicated on the license.** Leave blank if unknown.
- **Height (27)** – Enter the violator’s height as shown on the driver’s license. Use only numbers; Ex. 6’10” should be 610.
- **Driver’s License Number (28)** – Enter the 13-digit Florida driver license number as it appears on the license using the blocks provided. The Florida driver license will have one alpha character, which is always the first letter of the driver’s last name, followed by numeric characters. Leave blank if unknown (values “NONE”, “NOT CARRIED”, etc. are not valid). The license number may not contain any embedded spaces. For out of state drivers within the US, Canada, Mexico or out of the country enter the driver license number as it appears on the license. Leave blank if Florida license and OOS number are unknown.
  1. If the violator presents an expired or suspended license or identification card, enter that number in the space provided.
  2. If a driver license number, identification card number or non-licensed record number is obtained by a computer response, enter that number in the space provided.
  3. If the violator does not have a driver license, (except as stated in (2)) or identification card, leave the blocks provided for a driver license number blank.
- **Driver License State (29)** – Enter the state which issued the driver license using the proper two letter abbreviation (See Appendix A). Enter state from address even if license number is unknown. Use value

'CD' for Canadian (all provinces) addresses and 'MX' for Mexico (all states); use 'FF' for other foreign countries and US territories. (See Appendix A)

- **Driver License Class (30)** – Enter Class A, B, C, or E for those who have been issued a Florida classified driver license. Enter Class U for unknown or unclassified record.
- **Commercial DL (126)** – Check “Yes” box if individual listed on the citation is a Commercial Driver License holder. Check “No” otherwise.
- **Expired DL (31)** – Enter the year the license expires or expired. Format: YYYY Example: 2008; “0000” if unknown.
- **Commercial Vehicle Code (32)** – Check “Yes” box if commercial vehicle; “No” box for non-commercial vehicles or unknown.
- **Vehicle Year (33)** – Enter the year the vehicle was manufactured. Format: YYYY Ex. 2001; leave blank if unknown, pedestrian, or bicycle.
- **Vehicle Make (34)** – Enter the make of the vehicle. Ex: “FORD”, “GM”, “UNKNOWN” if unknown. Blank if pedestrian or bicycle. See Appendix F.
- **Vehicle Style (35)** – Enter the style of the vehicle. Ex: “TRUCK”, “UNKNOWN” if unknown. Blank if pedestrian or bicycle. Refer to Appendix F for a list of vehicle types.
- **Vehicle Color (36)** – Enter the vehicle color. Enter “UNKNOWN” if unknown. Blank if pedestrian or bicycle. See Appendix F for a list of vehicle colors.
- **Hazardous Material (37)** – Check “Yes” box or “No” box. “Yes” indicates hazardous materials, “No” otherwise.
- **Vehicle Tag Number (38)** – Enter the complete tag number displayed on the vehicle. Example: QJR144. NO HYPHENS – ONLY CHARACTERS – NO SPACES.
- **Vehicle Trailer Tag Number (39)** – Enter the complete tag number displayed on the trailer (if applicable). Example: QJR144. NO HYPHENS – ONLY CHARACTERS – NO SPACES.
- **Vehicle State (40)** – Enter the state in which the vehicle tag is licensed using the proper two letter abbreviation in Appendix A.
- **Vehicle Tag Expiration Year (41)** – Enter the year that the vehicle tag expires or expired. Format: YYYY Ex. 2001. Required if vehicle was involved in the offense, may be left blank for pedestrian, bicycle, or no tag offense. For permanent registration leave tag expiration year blank and choose “Yes” for permanent registration.
- **16 Passenger Vehicle (121)** – Check “Yes” box if violation occurred in a **COMMERCIAL** passenger vehicle capable of carrying 16+ passengers, check “No” otherwise.
- **Violation Location (43)** – Give a brief description of violation location.
- **Motorcycles (120)** – Check “Yes” box if violation occurred on a motorcycle, check “No” otherwise.
- **Companion Citation (42)** – If **more than (1) one citation** is issued to the violator, check “Yes” box, “No” if otherwise. Enter the companion citation number in the comments sections of the citation.
- **Distance – Feet (44)** – Violation location: distance in feet from a landmark. NUMBER ONLY – Right justify the number, fill with Zeros to the left; all zeros if N/A
- **Distance – Miles (45)** – Enter the violation location: distance in miles from nearest town.
- **Direction N (46)** – Check the “N” box if violation location is north.
- **Direction S (47)** – Check the “S” box if violation location is south.
- **Direction E (48)** – Check the “E” box if violation location is east.
- **Direction W (49)** – Check the “W” box if violation location is west.
- **Of Node (50)** – Enter the identification of node (required on UTC by some counties).

- **Actual Speed (51)** – Enter the measured speed of the vehicle as indicated on the speed measuring device. This field is mandatory for speeding violations.
- **Posted Speed (52)** – Enter the posted speed limit where the violation occurred. This field is mandatory for speeding violations.
- **Hwy Interstate (54)** – Check “Yes” if violation occurred on an interstate highway.
- **Violation – School Zone (132)** – Check “Yes” if the violation occurred in a school zone or leave blank.
- **Violation – Workers Present (130)** – Check “Yes” if construction workers were present in location the violation occurred.
- **Method of Arrest (84)** – Enter the method used to measure the violators speed as listed:

0 – Unknown

1 – Visual

3 – Radar

4 – Aircraft

5 – Laser

Use value ‘1’ if radar or aircraft is not specified by law enforcement officer in Comments box. Value can be zero if method of arrest is completely unknown, or it can be defaulted to 1. **Required if arresting agency is FHP.**

- **Speed Measuring Device ID (136)** – Enter the ID# or serial number of the speed measuring device used to write the citation. Leave blank otherwise.
- **Violation – Careless (55)** – Check this box if citation is for careless driving violation.
- **Violation – Device (56)** – Check this box if citation is for a failure to obey a traffic control device violation.
- **Violation – Signal Red Light (129)** – Check this box if citation is for a red-light violation.
- **Violation – Lane (58)** – Check this box if citation is for an improper lane change violation.
- **Violation – Insurance (67)** – Check this box if citation is for failure to provide proof of insurance violation.
- **Violation – ROW (57)** – Check this box if citation is for a right-of-way violation.
- **Violation – Passing (59)** – Check this box if citation is for an improper passing violation.
- **Violation – Child Restraint (60)** – Check this box if citation is for a failure to secure a child in an approved car seat and/or seat belt violation.
- **Violation – Seat Belt (63)** – Check this box if citation is for a failure of the driver and/or passengers to properly wear seatbelt violation.
- **Violation – Equipment (64)** – Check this box if citation is for improper or unsafe equipment violation.
- **Violation Tag – Less (65)** – Check this box if citation is for an expired tag that has been expired 6 months or less violation.
- **Violation Tag – More (66)** – Check this box if citation is for an expired tag that has been expired longer than 6 months violation.
- **Violation – Suspended/Revoked License (71)** – Check this box if citation is for driving with a suspended/revoked license violation.
- **Violation – Expired Driver License – Less (68)** – Check this box if citation is for an expired driver license violation 6 months or less violation.
- **Violation – Expired Driver License – More (69)** – Check this box if citation is for an expired driver license more than 6 months violation.

- **Violation – No Valid Driver License (70)**– Check this box if citation is for a no valid driver license violation.
- **Violation – DUI (61)**– Check this box if citation is for a driving under the influence of drugs or alcohol violation.
- **DUI Violation – Passenger under 18 (123)**– Check this box if the individual listed on the citation was driving under the influence of drugs or alcohol and was carrying a passenger under the age of 18 years of age at the time the violation occurred.
- **Blood Alcohol Level (62)**– Enter the measured blood alcohol level of the individual. Use numerical characters only. Blank for non-DUI violations, non-alcohol DUI violations, refused blood alcohol test, or if level not provided.
- **Other Comments (72)**– Enter any other information regarding the driver, vehicle, companion citation number or violations.
- **Officer Re-exam Flag (122)**– Check “Yes” box if officer believes or has reason to believe that the individual indicated on the citation needs to complete a driver license re-examination, check “No” otherwise.
- **DL Seized (137)**– Check “Yes” box if officer seized the driver license of the individual indicated on the citation, check “No” otherwise.
- **Aggressive Driver Flag (113)**– Check this box if the citation is for aggressive careless driver citation. (Captured for statistical purposes)
- **State Statute Indicator (75)**– Enter statement on citation which indicates the UTCs are for State Statutes.
- **Section (76)**– Enter the Chapter number followed by the Section number of the statute for which the citation is being written.
- **Sub-Section (77)**– Enter the statute sub-section for the violation (if applicable). This is **required** if the specific section has subsection(s).
- **Crash – Y/N (78)**– Check “Yes” for crash, “No” otherwise.
- **Property Damage – Y/N (79)**– Check “Yes” for property damage, “No” otherwise.
- **Property Damage Amount (80)**– Enter the estimated dollar amount of the property damage. NO DECIMALS, whole dollar amounts; leave blank if N/A.
- **Injury – Y/N (81)**– Check “Yes” for injury, “No” otherwise.
- **Serious Injury – Y/N (82)**– Check “Yes” for serious injury, “No” otherwise.
- **Fatal Injury – Y/N (83)**– Check “Yes” for fatal injury, “No” otherwise.

**NOTE FOR 82 and 83: You cannot have both serious bodily injury and fatal injury checked at the same time.**

- **Criminal Violation Court Appearance Required (85)**– Check box if the citation is for a criminal violation which requires a court appearance. Leave field blank otherwise.
- **Infraction Court Appearance Required (86)**– Check box if the citation is for an infraction which requires a court appearance. Leave field blank otherwise.
- **Infraction No Court Appearance Required (87)**– Enter “Yes” if the citation is for an infraction which does not require a court appearance. Leave field blank otherwise.
- **Fine Amount (115)**– Enter the fine amount (Civil Penalty) for the violation on the citation. Format 9999.99 (decimal point required). Leave blank for criminal violations.

- **Court Date (88)** – Enter the date that the violator must appear for court. Format: MM/DD/YYYY Ex: 07/07/2001; zeros if N/A.
- **Court Time (89)** – Enter the time that the violator should be present for the court hearing. Format HH:MM Ex: 08:30; “00000” if N/A.
- **Court Time (AM/PM) (91)** – Check box for AM or PM.
- **Court Name (90)** – Enter the Name of the court where the violator is to appear. (Ex: Leon County Court or Tallahassee Municipal Court)
- **Court Address (92)** – Enter the address of the court where the violator is to appear (if known). Leave blank otherwise.
- **Court City (93)** – Enter the city where the court is located.
- **Court State (94)** – Enter “FL” or leave blank.
- **Court Zip (95)** – Enter the zip code for the court address or leave blank.
- **Arrest Delivered to (96)** – Enter the location to which the arrested person was delivered.
- **Arrest Delivered Date (97)** – Enter the date the arrested person was delivered. Format: MM/DD/YYYY Ex. 07/07/2001; zeroes if N/A.
- **Officer Rank (98)** – Enter the rank of the officer issuing the citation.
- **Officer – First Name (99)** – Enter the first name of the officer issuing the citation.
- **Officer – Middle Name (100)** – Enter the middle name of the officer issuing the citation. This is optional.
- **Officer – Last Name (101)** – Enter the last name of the officer issuing the
- **Officer Badge Number (102)** – Enter the badge number of the officer issuing the citation.
- **Officer ID (103)** – Enter the ID number of the officer issuing the citation. NUMBER ONLY. If officer ID is longer than 5 characters, then use the first 5 characters.
- **Trooper Unit (104)** – Enter the Troop the trooper is assigned. (Ex. Troop “C”, Tampa). (If applicable).
- **Officer Delivery Verification (118)** – Check this box to indicate that the citation was delivered to the violator (civil infractions not requiring a court appearance). If criminal violation or infraction requiring a court appearance, the violator must sign the citation. If violator refuses to sign the citation, write “refused” on signature line.

**NOTE: Paper citations written for non-criminal offenses after June 18, 2021, require the tear sheet titled *Payment Plan Option for Civil Penalties* be provided to the violator with the citation.**

## 5. COMPLETION OF DUI UNIFORM TRAFFIC CITATION

- a) Use a hard divider between the sets (five copies) when completing the citation. Use a ball point pen to ensure that the information is legible on all five copies. (Print all information in black ink)
- b) Print legibly.
- c) Sign the citation and include your officer ID and/or badge number.
- d) Submit the court copy of the citation to the COC within five days from the date of issuance.
- e) Voided citations must be sent to FLHSMV utilizing your agency policies and procedures.

[Please see Diagram 3](#)

## 5.1 DISTRIBUTION OF CITATIONS

### a) Part One (White) – COMPLAINT – RETAINED BY COURT

This part is designed to serve as a complaint for both civil and criminal cases and is used by judges and COC to indicate court action taken on the reverse side of the form.

### b) Part Two (White) – ABSTRACT OF COURT RECORD

ONLY SEND when the courts CANNOT transmit via TCATS.

### c) Part Three (Blue) – DHSMV RECORD – FORWARD TO HEARING OFFICE

Send photo static copy or the blue copy of DUI citation to the nearest FLHSMV Bureau of Administrative Reviews Office (BAR). If an FHP office uses the blue DUI copy for tracking, make a copy to send to the BAR office.

### d) Part Four (Yellow) – SUMMONS – VIOLATOR’S COPY

This part is reserved for the traffic offender. The reverse side is to notify individuals charged with traffic infractions (not requiring a court appearance) regarding the options available to them when responding to the violation.

### e) Part Five (Pink) – OFFICER – AGENCY COPY

This part is reserved for the officer/agency to retain for accountability purposes, to maintain record of court’s action and for officers to make notes to be used for testifying in court.

## 5.2 STEP BY STEP PROCEDURES

Please refer to Diagram 3 in the back of the manual to locate the fields listed below on a paper citation.

- **County (4)** – Print the complete name of the county in which the offense occurred and enter the two-digit county code from Appendix A. This block is important and must be filled in even though the offense may have occurred inside the incorporated limits of a city.

**NOTE: After writing the first entry, check the last page (pink copy) to make sure all copies are legible. If all copies are not legible, trace over the citation. This takes only a few seconds and, in many instances, saves the officer and COC personnel consider able time in transmitting an unreadable copy.**

- **City (6)** – Enter only if violation occurred within city limits
- **Agency Number (8)** – Refer to Appendix A to obtain your agency number.
- **Agency Name (9)** – Agency Name: required if agency type is 2 (Police Department) or 4 (Other). Name can be up to 20 characters.
- **Day of Week (10)** – Upto 4-character abbreviation for day of week (MOND, TUES, WEDN, THUR, FRID, SATU, SUND).
- **Offense Date (11)** – Format: MM/DD/YYYY Ex. 07/07/2001. Future dates will be rejected.
- **Offense Time (12)** – Format HH:MM Ex. 08:30. Do not use military time.
- **Offense Time (AM/PM) (13)** – Check either AM or PM, not both.

**NOTE: If the violator does not have a driver license or identification card, enter the FULL name, date of birth, and sex. The right thumbprint must be placed on the reverse side of the first copy (Complaint) when the violator does not have a driver license card pursuant to *section 322.15(2), Florida Statutes*.**

**If the violator has an expired license, enter the name as it appears on the expired license. If it is an out-of-state license with the last name first, reverse the order and list the first, middle, and last name.**

- **Driver – First Name (14)** – Enter the violator’s given name using UPPERCASE alphabetic characters (A-Z) as it appears on the driver license or identification card. In addition, hyphens (“-”), apostrophes (“’”), and a blank is allowed.
- **Driver – Middle Name (15)** – Enter the violator’s middle name (if they have one) as it appears on the driver license or identification card. Otherwise leave blank.
- **Driver – Last Name (16)** – Enter the violator’s surname using UPPERCASE alphabetic characters (A-Z) as it appears on the driver license or identification card. In addition, hyphens (“-”), apostrophes (“’”), and a blank is allowed.
- **Driver – Suffix (17)** – Enter the violator’s suffix as it appears on the driver license or identification card. Leave this field blank if there is no suffix or if driver’s name is “the first”.
- **Street Address (18)** – Always ask the violator for his/her current address and enter that address. Only characters allowed are A-Z, 0-9, “#” (number sign), “-” (hyphen), “/” (forward slash, needed for half numbers in address), and blank. Use “GENERAL DELIVERY” if unknown.
- **Address different than Driver License (19)** – If the address differs from that on the driver license, put an ‘X’ in the box on the citation indicating a change in address. Leave blank otherwise.
- **City (20)** – Enter the driver’s address city. If the driver’s address city is not known use your County’s Seat (only use abbreviations approved by COC).
- **State of Driver’s Address (21)** – Enter the driver’s address state code as listed in Appendix A. Use value ‘CD’ for Canadian (all provinces) addresses and ‘MX’ for Mexico (all states); use ‘FF’ for other foreign countries and US territories.
- **Zip Code (22)** – Enter the driver’s zip code.
- **Telephone Number (23)** – Enter the telephone number where the violator may be contacted in case additional information is required. (10 digits no hyphens)
- **Birth Date (24)** – Enter date of birth of violator. Format: MM/DD/YYYY Ex. 07/07/2001 if unknown use default Date of Birth of ‘01/01/1900’.
- **Race (25)** – The only acceptable races codes are: “W” (White), “B” (Black), “I” (American Indian), “A” (Asian), “H” (Hispanic), or “O” (Other).
- **Sex (26)** – Enter “F” (Female) or “M” (Male) **as indicated on the license.** Leave blank if unknown.
- **Height (27)** – Enter the violator’s height as shown on the driver’s license. Use only numbers; Ex. 6’10” should be 610.
- **Driver’s License Number (28)** – Enter the 13-digit Florida driver license number as it appears on the license using the blocks provided. The Florida driver license will have one alpha character, which is always the first letter of the driver’s last name, followed by numeric characters. Leave blank if unknown (values “NONE”, “NOT CARRIED”, etc. are not valid). The license number may not contain any embedded spaces. For out of state drivers within the US, Canada, Mexico or out of the country enter the driver license number as it appears on the license. Leave blank if Florida license and OOS number are unknown.
  1. If the violator presents an expired or suspended license or identification card, enter that number in the space provided.

2. If a driver license number, identification card number or non-licensed record number is obtained by a computer response, enter that number in the space provided.
  3. If the violator does not have a driver license, (except as stated in (2)) or identification card, leave the blocks provided for a driver license number blank.
- **Driver License State (29)**– Enter the state which issued the driver license using the proper two letter abbreviation (See Appendix A). Enter state from address even if license number is unknown. Use value ‘CD’ for Canadian (all provinces) addresses and ‘MX’ for Mexico (all states); use ‘FF’ for other foreign countries and US territories. (See Appendix A)
  - **Driver License Class (30)**– Enter Class A, B, C, E, or U (for unknown) for those who have been issued a Florida classified driver license.
  - **Commercial DL (126)**– Check “Yes” box if individual listed on the citation is a Commercial Driver License holder. Check “No” otherwise.
  - **Expired DL (31)**– Enter the year the license expires or expired. Format: YYYY Example: 2008; “0000” if unknown.
  - **Commercial Vehicle Code (32)**– Check “Yes” box if commercial vehicle; “No” box for non-commercial vehicles or unknown.
  - **Vehicle Year (33)**– Enter the year the vehicle was manufactured. Format: YYYY Ex. 2001; leave blank if unknown, pedestrian, or bicycle.
  - **Vehicle Make (34)**– Enter the make of the vehicle. Ex: “FORD”, “GM”, “UNKNOWN” if unknown. Blank if pedestrian or bicycle. See Appendix F.
  - **Vehicle Style (35)**– Enter the style of the vehicle. Ex: “TRUCK”, “UNKNOWN” if unknown. Blank if pedestrian or bicycle. Refer to Appendix F for a list of vehicle types.
  - **Vehicle Color (36)**– Enter the vehicle color. Enter “UNKNOWN” if unknown. Blank if pedestrian or bicycle. See Appendix F for a list of vehicle colors.
  - **Hazardous Material (37)**– Check “Yes” box or “No” box. “Yes” indicates hazardous materials, “No” otherwise.
  - **Vehicle Tag Number (38)**– Enter the complete tag number displayed on the vehicle. Example: QJR144. NO HYPHENS – ONLY CHARACTERS – NO SPACES.
  - **Vehicle Trailer Tag Number (39)**– Enter the complete tag number displayed on the trailer (if applicable). Example: QJR144. NO HYPHENS – ONLY CHARACTERS – NO SPACES.
  - **Vehicle State (40)**– Enter the state in which the vehicle tag is licensed using the proper two letter abbreviation in Appendix A.
  - **Vehicle Tag Expiration Year (41)**– Enter the year that the vehicle tag expires or expired. Format: YYYY Ex. 2001. Required if vehicle was involved in the offense, may be left blank for pedestrian, bicycle, or no tag offense. For permanent registration leave tag expiration year blank and choose “Yes” for permanent registration.
  - **16 Passenger Vehicle (121)**– Check “Yes” box if violation occurred in a **COMMERCIAL** passenger vehicle capable of carrying 16+ passengers, check “No” otherwise.
  - **Violation Location (43)**– Give a brief description of violation location.
  - **Motorcycles (120)**– Check “Yes” box if violation occurred on a motorcycle, check “No” otherwise.
  - **Companion Citation (42)**– If **more than (1) one citation** is issued to the violator, check “Yes” box, “No” if otherwise. Enter the companion citation number in the comments sections of the citation.
  - **Distance – Feet (44)**– Violation location: distance in feet from a landmark. NUMBER ONLY – Right justify the number, fill with Zeros to the left; all zeros if N/A
  - **Distance – Miles (45)**– Enter the violation location: distance in miles from nearest town.

- **Direction N (46)** – Check the “N” box if violation location is north.
- **Direction S (47)** – Check the “S” box if violation location is south.
- **Direction E (48)** – Check the “E” box if violation location is east.
- **Direction W (49)** – Check the “W” box if violation location is west.
- **OfNode (50)** – Enter the identification of node (required on UTC by some counties).
- **Blood Alcohol Level (62)** – No decimal point should be present; a blood alcohol level of .080% may be represented as either “080” with a trailing blank or “0080”. Blank for non-DUI violations, non-alcohol DUI violations, refused blood alcohol test, or if level not provided. BAL cannot be less than 0080 or greater than 0450.
- **Other Comments (72)** – Enter any other information regarding the driver, vehicle, companion citation number or violations.
- **Officer Re-exam Flag (122)** – Check “Yes” box if officer believes or has reason to believe that the individual indicated on the citation needs to complete a driver license re-examination, check “No” otherwise.
- **Aggressive Driver Flag (113)** – Check this box if the citation is for aggressive careless driver citation.
- **DUI Violation – Passenger under 18 (123)** – Check this box if the individual listed on the citation was driving under the influence of drugs or alcohol and was carrying a passenger under the age of 18 years of age at the time the violation occurred.
- **Section (76)** – Enter the Chapter number followed by the Section number of the statute for which the citation is being written.
- **Sub-Section (77)** – Enter the statute sub-section for the violation (if applicable). This is **required** if the specific section has subsection(s).
- **Crash – Y/N (78)** – Check “Yes” for crash, “No” otherwise.
- **Property Damage – Y/N (79)** – Check “Yes” for property damage, “No” otherwise.
- **Property Damage – Y/N (79)** – Check “Yes” for property damage, “No” otherwise.
- **Property Damage Amount (80)** – Enter the estimated dollar amount of the property damage. NO DECIMALS, whole dollar amounts; leave blank if N/A.
- **Injury – Y/N (81)** – Check “Yes” for injury, “No” otherwise.
- **Serious Injury – Y/N (82)** – Check “Yes” for serious injury, “No” otherwise.
- **Fatal Injury – Y/N (83)** – Check “Yes” for fatal injury, “No” otherwise.

**NOTE FOR 82 and 83: You cannot have both serious bodily injury and fatal injury checked at the same time. If both occurred check the most serious severity level which is fatality.**

- **Court Date (88)** – Enter the date that the violator must appear for court. Format: MM/DD/YYYY Ex: 07/07/2001; zeros if N/A.
- **Court Time (89)** – Enter the time that the violator should be present for the court hearing. Format HH:MM Ex: 08:30; “00000” if N/A.
- **Court Time (AM/PM) (91)** – Check box for AM or PM.
- **Court Name (90)** – Enter the Name of the court where the violator is to appear. (Ex: Leon County Court or Tallahassee Municipal Court)
- **Court Address (92)** – Enter the address of the court where the violator is to appear (if known). Leave blank otherwise.
- **Court City (93)** – Enter the city where the court is located.
- **Court State (94)** – Enter “FL” or leave blank.
- **Court Zip (95)** – Enter the zip code for the court address or leave blank.

- **Arrest Delivered to (96)** – Enter the location to which the arrested person was delivered.
- **Arrest Delivered Date (97)** – Enter the date the arrested person was delivered. Format: MM/DD/YYYY Ex. 07/07/2001; zeroes if N/A.
- **Driving with an Unlawful Blood Alcohol Level (105)** – Check box if the violator submitted to a test of alcohol level AND if the BAL measured is .080 or above. Otherwise leave blank.
- **Refusal to Submit to Lawful Breath, Blood or Urine Test (106)** – Check box if the violator refused to submit to lawful breath, blood, or urine test. Otherwise leave blank.
- **License Surrendered (107)** – Check “Yes” box if the license was surrendered, check “No” box if not surrendered.
- **State the Reason (108)** – State the reason license was not surrendered.
- **Eligible for Permit (109)** – Check the “Yes” box to indicate the violator’s eligibility for a 10-day permit. All persons holding a valid license at the time of the arrest ARE eligible for a permit. If using an older citation book that indicates a seven-day permit, mark through and write “10” days. **Note: a refusal does not disqualify someone for being eligible for a permit.**
- **State the Reason (110)** – State the reason the driver is not eligible for a permit.
- **Review Hearing Location (111)** – List the location (city) of the FLHSMV Bureau of Administrative Reviews (BAR) office where the violator may request a view hearing.
- **Officer Rank (98)** – Enter the rank of the officer issuing the citation.
- **Officer – First Name (99)** – Enter the first name of the officer issuing the citation.
- **Officer – Middle Name (100)** – Enter the middle name of the officer issuing the citation. This is optional.
- **Officer – Last Name (101)** – Enter the last name of the officer issuing the citation.
- **Officer Badge Number (102)** – Enter the badge number of the officer issuing the citation.
- **Officer ID (103)** – Enter the ID number of the officer issuing the citation. NUMBER ONLY. If officer ID is longer than 5 characters, then use the first 5 characters.
- **Trooper Unit (104)** – Enter the Troop the trooper is assigned. (Ex. Troop “C”, Tampa). (If applicable).

## 6. GENERAL INFORMATION FOR COMPLETION OF THE UTC TRANSMITTAL FORM

- a) The assigned enforcement agency shall complete the form.
- b) Submit the original copy of the transmittal form with the white **court** copy of citation to the COC for processing within five-days after issuance to the violator, as provided in *section 316.650(3), Florida Statutes*.
- c) The agency can transmit an electronic facsimile of the citation to the court directly. Or in the case of FHP, through the TCATS.
- d) The agency shall send DUI Citations to the Bureau of Administrative Reviews (BAR) within five days after issuance. (No transmittal needed) *section 322.2615, Florida Statutes*.

**NOTE: Agencies will mail the blue copy with other required documents per *section 322.2615, Florida Statutes* directly to Bureau of Administrative Reviews.**

## 6.1 STEP BY STEP PROCEDURES FOR COMPLETING TRANSMITTAL FORM

[Please see Diagram 4](#)

- **Transmitted To: COC – TVB** – Enter address of the COC or Traffic Violations Bureau (TVB) in space provided. Check appropriate box to indicate method of transmittal of the white (Complaint) court copy of the UTC and transmittal form.
- **Transmitted By** – Enter the name of the person designated by the agency’s chief administrative officer to complete the form in the space provided. Enter the complete name and address of the enforcement agency in the appropriate field(s). Enter the date transmitted to the COC. (Must be within five days after issuance to violator)
- **Citation Number** – List complete citation number for each UTC transmitted.
- **Date Issued** – Enter date the citation was issued to the violator.

**NOTE: Never transmit VOIDED COPIES to the COC/TVB.** (See Section 3.2.5 for proper procedures for voiding citations)

- **Court Copies Attached** – Check the appropriate box. If “No” is checked, enter explanation under “REMARKS” where these copies can be located such as jail, juvenile center, SA, etc.
- **Total Number of Citations Attached** – Enter the total number of citations submitted to the COC in the appropriate space.
- **Received By and Date** – The designated receiving COC at the TVB, after verifying the listing, shall enter their name on all pages of the transmittal form along with the date in the appropriate space.

**NOTE: The submitting agency must retain a signed copy for accountability and auditing purposes.**

## 7. REPORT OF DISPOSITION PROCEDURES

- a) *Sections 43.41, and 318.14(7)(a), Florida Statutes* require the COC to report the final disposition of each offense written on a UTC to FLHSMV within 10 days after final judicial disposition. All dispositions returned to the county requiring a correction shall be resubmitted to FLHSMV within 10 days after the notification of the error.
- b) *Section 318.18(8)(a), Florida Statutes* requires the electronic Transmission of citation data through the FCCC. The data is transmitted through the TCATS which is accomplished with a contract between FCCC and FLHSMV. Data is then transmitted from FCCC to FLHSMV for processing.
- c) FLHSMV uses the information from the report of disposition as follows:
  1. Updating the driver history record.
  2. Departmental action such as suspension or revocation of the individual’s driving privilege.
  3. Accountability and statistical purposes.
- d) Dispositions that carry a verdict of guilty (including those fines listed as paid at Traffic Violations Bureaus and un-vacated bond entresure) or those with adjudication withheld by the judge when charged with Driving Under the Influence or Driving While License Suspended/Revoked/Cancelled/Disqualified are used toward Departmental action against the individual’s driving privilege.

- e) When FLHSMV furnishes a driver record, it will only display information containing convictions, adjudications withheld, bond entreature and adjudged delinquent. The record will not show arrest information or the verdicts of “not guilty”, “nolle prosequi”, or “dismissed”.
- f) When transferring a case to another court, the disposition copy must accompany the transfer.
- g) When the defendant fails to comply with a non-criminal traffic citation and a suspension (FTC) has been transmitted, the suspension will purge from the driver record after seven years from the effective date of the suspension pursuant to *section 318.15(1)(a), Florida Statutes* at which time the case shall be considered disposed (Florida Rules of Traffic Court Rule 6.575 Retention of Case Files). Make sure the FTC suspension has purged from the driver record due to 7-year retention before transmitting disposition copy through TCATS. **The court will have to submit verdict B “other” when transmitting.**
- h) Criminal cases suspended (FTC) using criminal reason codes will not purge at FLHSMV until reinstated. If a judge order cases nolle prosequi, dismissed, or not guilty, clearances for open FTC suspensions must also be transmitted along with the dispositions.
- i) Once the court receives the citation, it may be disposed of only by official action. IT CANNOT BE VOIDED.

## 8. COURT ORDER REPORT OF DISPOSITION (HSMV 75827) IN PLACE OF ABSTRACT

Use this form **only** when reporting dispositions to FLHSMV in which a UTC pursuant to *section 316.650, Florida Statutes* was not issued. **DO NOT report dispositions for violations of chapters 316, 320, and 322, Florida Statutes on this form. These require a written UTC.**

- a) Print legibly.
- b) Affix COC seal.
- c) Convictions reported in which the court orders the suspension/revocation of the violator’s driver license must state the length of time of suspension or revocation.
- d) This form should not be used to substitute FTC suspensions, worthless check suspensions, child support suspensions, or criminal failed to pay financial obligation suspensions.
- e) Mail this form to:

Florida Department of Highway Safety and Motor  
Vehicles Neil Kirkman Building, Room A-228 MS 89  
2900 Apalachee Parkway  
Tallahassee, Florida 32399-0580

## 9. REPORT OF CITATION RECORD THROUGH TCATS

- a) Once citation data is received from a law enforcement agency via paper citation or by an electronic transmission of the data, a citation record is created by the COCs. Citation information should be transmitted to FCCC as identified in the TCATS Interface Control Document (ICD). For assistance contact FCCC’s helpdesk at [support@flclerks.com](mailto:support@flclerks.com).

- b) This accounts for the citation written prior to payment or disposition. **Dispositions cannot be transmitted until after the citation has successfully updated.**
- c) Data fields are passed to FLHSMV from FCCC. See section titled “Arrest Records Extracted for FLHSMV” in the ICD.
- d) If there are errors during the transmission process, contact the FCCC helpdesk.
- e) All cases involving a written citation should be transmitted. This includes all traffic, felony, and juvenile cases.
- f) Data passed to FLHSMV is processed daily to update the citation inventory file.
  1. Validation checks are done at the beginning of this process. Errors are transmitted back to FCCC for electronic forwarding to the counties. FLHSMV inventory is not updated.
  2. Data that passes the validations is updated to the citation inventory file.

## 10. REPORT OF DISPOSITION THROUGH TCATS

- a) Once a citation has been paid or disposed, the final disposition should be transmitted to FCCC as identified in the TCATS Interface Control Document (ICD).
- b) This information is validated by FCCC, and errors are transmitted back to the COC. Dispositions which pass the validations are then transmitted to FLHSMV. See section titled “UTCs From Counties Extracted for FLHSMV” in the ICD. This will be a combination of citation data and disposition data sent to FCCC.
- c) This data is sent to FLHSMV and processed daily to update the citation inventory database.
  1. Validation checks are done at the beginning of this process. Errors are transmitted back to FCCC for electronic forwarding to the counties. FLHSMV inventory is not updated.
  2. Data that passes the validation is updated to the citation inventory database.
  3. A computer-generated citation is created for out-of-state drivers and mailed weekly to the appropriate state. Commercial violations are mailed out daily.

All convictions should be transmitted with a citation number as required under *sections 316.650, and 322.25(6), Florida Statutes* or for offenses failing under *section 322.26, Florida Statutes*. A court order should be mailed to FLHSMV for convictions that do not require a citation. We have a court order report of disposition form that may be used (See Diagram 5).

**NOTE: Section 318.14(7), Florida Statutes gives FLHSMV authority to modify a suspension or revocation if the conviction generating such action was not submitted timely by the COC.**

## 11. SUPPLEMENTAL REPORT OF DISPOSITION

A supplemental disposition will be defined as a record in the disposition file which is sent by a county via TCATS to FCCC with the value “S” in the supplemental code field (ICD field 31). This supplemental code is then included in the UTC disposition file sent via TCATS to FLHSMV.

This is used to correct or update the data after an original disposition for a citation has been sent by the county via TCATS, has successfully loaded at FCCC, has been forwarded to FLHSMV in the UTC disposition file, and has been successfully loaded into FLHSMV’s database. If a disposition has been successfully loaded at FCCC but not

loaded into FLHSMV's database, the disposition must be resent as a "supplemental" disposition to be accepted at FCCC. However, FLHSMV will process a supplemental disposition even if an original/primary disposition hasn't been received. (FCCC will reject the "original" disposition if it is received after the supplemental and return an error to the county)

Multiple supplemental dispositions may be sent for the same citation if it is required to correct the data. However, these should only be sent on separate dates (multiple supplemental in the same input file, or supplemental sent too close together will lead to errors going back to county). Do not send the same supplemental a second time. Supplemental dispositions take up to 48 hours to update.

## 11.1 DISPOSITION DATA IN UTC FILE (SENT TO FLHSMV)

A supplemental disposition will be identified by the value "S" in the supplemental code field (ICD field 31). Additionally, the disposition type (ICD field 5) must have a value of 0002 or higher (value 0001 is reserved for the original disposition).

A supplemental disposition must be sent if any of the following data sent in the original disposition has been changed:

	ICD Fields:
Disposition date	(Field 6)
Violation code	(Field 22)
Disposition verdict	(Field 29)
Disposition County	(Field 23)
Court time	(Field 27)
Court revocation/suspension	(Field 34)
Length of license revocation	(Field 35)

If a disposition is sent with an incorrect citation number, a disposition Add must be submitted with the correct citation number. The correct citation needs to be sent as an Add in the citation file. It will be necessary to submit a supplemental request to FCCC to remove the incorrect citation number from their file. Do not send a delete – a delete is only allowed when there is an error message from FLHSMV. The supplemental process is not used to change a citation number. Additionally, FLHSMV must be notified to remove the incorrect citation number from their records.

## 11.2 CITATION DATA FILE SENT TO FLHSMV

Several fields in the UTC disposition file sent to FLHSMV via TCATS are derived from the citation file submitted by the county and not from the disposition file. To trigger a new supplemental disposition for submission to FLHSMV, the county should send via TCATS central site an updated citation record and a supplemental disposition Add. All information contained in this supplemental disposition would be the same as what was in the original disposition; the value "S" in the supplemental flag and the disposition type will be the only differences. Always send an updated citation when sending a disposition record, including supplemental dispositions.

Changes to the following fields in the citation record require a supplemental disposition to FLHSMV:

County number	ICD Fields: (Field 4)
Date of offense	(Field 11)
Crash flag	(Field 80/81)
Commercial vehicle flag	(Field 32)
Serious bodily injury flag	(Field 82)
Hazmat flag	(Field 37)
BAL	(Field 62)
Violation code	(Field 73)
Re-exam flag	(Field 122)

An example of the need for a supplemental is: If the original UTC disposition sent to FLHSMV identified that a crash occurred but one did not, then it is possible to correct this field using the supplemental process.

Supplemental dispositions will be in the input disposition file from the county. They do not need to be in a separate file. The data elements will be validated using the same logic as a first-time disposition (e.g., presence of mandatory fields).

## 12. COURT NOTIFICATION OF FAILURE TO COMPLY (FTC SUSPENSION)

### 12.1 LICENSE SUSPENSION

- a) When a defendant is issued a UTC and fails to pay their traffic fine, fails to appear in court, or fails to attend a court ordered school, a suspension may occur.
- b) FLHSMV postdates suspensions 20 days from the date the notification is mailed.
- c) The court may suspend the defendant’s license for one or more reason codes on the same citation. To reissue a suspension for a reason code that has already been suspended, the prior suspension must be reinstated before transmitting the new suspension. Example: Records show ticket 123456Esuspendedfor failure to pay. The defendant failed to make a payment. The defendant comes in to pay once they receive the suspension notice but the check bounces. The court wants to re-suspend. The first suspension must be fully reinstated with a reinstatement date appearing. Transmit the new suspension for failure to pay with “re-issue flag” (D6 ICD field 22) and re-issue date (D6 ICD field 13).

**NOTE: FTC suspension data is processed through edit checks at FLHSMV.**

### 12.2 REINSTATEMENT OF FTC SUSPENSIONS THROUGH TCATS

- a) When a defendant has satisfied the requirements for an infraction, a clearance or reinstatement may be transmitted via TCATS.
  1. Clearance – Defendant paid citation after date of suspension. Court has not collected reinstatement fee of up to \$60.00. A code of “34” (D6 ICD field 15) is transmitted through TCATS to indicate “Court Requirements Met” Restore date should be “0”.
  2. Reinstatement – Court has collected the reinstatement fee of up to \$60.00 or defendant has satisfied the court requirement prior to the suspension date. Restore date should be transmitted via TCATS (D6 ICD field 10).

**NOTE: Because FTC requirements may take up to two weeks to process. We encourage COC to collect all required fees and reinstate the defendant online through CCIS. In the event the court does not reinstate through CCIS, we encourage you to give the defendant a paper clearance. Processing through TCATS will delay their reinstatement of the defendant's driving privilege. IMPORTANT do not reinstate both in CCIS and TCATS.**

**NOTE: Due to increased fraud with the paper clearance form there are several counties that no longer issue paper clearances as proof of FTC compliance from their courts. These courts provide clearances in electronic format only either through CCIS or TCATS. For a current list of these counties, please contact your regional Liaison Officer.**

### **12.3 OUT OF STATE DRIVERS**

When transmitting a suspension or reinstatement notice to FLHSMV through TCATS, a computer-generated form is produced and mailed to the other state.

COCs should transmit suspensions for out-of-state violators to FLHSMV in a timely manner. Other states are not required to process suspensions if the offense date is over six months old.

### **12.4 OUT OF COUNTRY**

The state of Florida only has an agreement with Canada and Mexico to mail dispositions and FTC suspension notices. If FLHSMV receives transmissions for violators of other countries, the dispositions will only update FLHSMV inventory, and the FTCs will drop automatically. No data is retained on the FTC suspension.

FLHSMV does not process FTC suspensions for companies. No data is retained. We only suspend the driving privilege of individuals.

## **13. COURT DIRECTED SUSPENSION FOR FAILURE TO PAY FINANCIAL OBLIGATIONS ON CRIMINAL CASES**

### **13.1 COURT DIRECTED SUSPENSION**

When FLHSMV receives notice from the COC that a person licensed to operate a motor vehicle in this state under the provisions under section 322.245, *Florida Statutes* has failed to pay financial obligations for any criminal offense other than those stated in section 322.245, *Florida Statutes* in full or in part under a payment plan pursuant to section 28.246, *Florida Statutes* FLHSMV shall suspend the license of the person named in the notice. (See Diagram 6)

**NOTE: Pursuant to Section 322.245(5)(a), Florida Statutes, the Florida Department of Highway Safety and Motor Vehicles (department) is required to suspend the license of persons reported to the department by a clerk of court for failing to pay court financial obligations (CFOs) for criminal offenses. The department has become aware that some of the notices submitted by certain**

clerks of court for failing to pay CFOs for criminal offenses were submitted for violations of municipal ordinances and county ordinances, which may lack sufficient legal authority to suspend a driver's privilege. Clerks should ensure only lawful requests for DL action are submitted.

**NOTE: No suspension shall be processed on out-of-state or out-of-country drivers.**

## 13.2 REINSTATEMENT

- a) FLHSMV must reinstate the driving privilege when the COC provides an affidavit to FLHSMV that states that the person has satisfied the financial obligation in full or made all payments currently due under a payment plan; the person has entered into a written agreement for payment of the financial obligation; or a court has entered an order granting relief to the person ordering the reinstatement of the license. (See Diagram 7)
- b) A fee of \$60 must be paid to a driver license office in order to reinstate their driving privileges.

## 13.3 SUSPENSION & REINSTATEMENT

- a) FLHSMV requires Criminal Financial Obligations to be submitted electronically. A copy of the file format can be found at: [www.flhsmv.gov/courts](http://www.flhsmv.gov/courts)
- b) A copy of the reinstatement affidavit should be given to the person. The Court may electronically clear suspensions via the Criminal Financial Obligation Electronic process. However, this method does not clear the record immediately. It is suggested the court directs the person to a driver license office for reinstatement.
- c) If a suspension notice is sent in error, please contact Court Assist via 850-617-2589 or [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov). The suspension will be deleted and the FLHSMV will notify the courts.

**LEFT BLANK INTENTIONALLY**

## 14. RESOURCES

### APPENDIX A

A list of abbreviations for each state. Located in the TCATS ICD.

[https://www.flhsmv.gov/pdf/courts/utc/TCATS\\_ICD\\_6\\_0\\_1.pdf](https://www.flhsmv.gov/pdf/courts/utc/TCATS_ICD_6_0_1.pdf)

### APPENDIX C (CONTROL DOCUMENT)

A list of additions, modifications, and deletions in the current revisions to the Florida Statutes. [https://](https://www.flhsmv.gov/pdf/courts/utc/appendix_c_control_document.pdf)

[www.flhsmv.gov/pdf/courts/utc/appendix\\_c\\_control\\_document.pdf](https://www.flhsmv.gov/pdf/courts/utc/appendix_c_control_document.pdf)

### APPENDIX C

The traffic infraction reference guide listing citable offenses, established under the authority of Section 316.650(1)(d), Florida Statutes. These violations are listed in order by Florida Statute number and contain information such as points, classification, and fine amounts.

[https://www.flhsmv.gov/pdf/courts/utc/appendix\\_c.pdf](https://www.flhsmv.gov/pdf/courts/utc/appendix_c.pdf)

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**DIAGRAM 1**

FLORIDA UNIFORM TRAFFIC CITATION INVOICE AND RECEIPT  SHIPPED TO:         CONTACT	Shipping Date:
	Uniform Traffic Citations
	Agency ORI Number:
	Date Received:
	Receiving Officer/Clerk:

**NOTE:** Agency complete form, sign and write damaged book number and any missing numbers on this invoice and return with an explanation to the Bureau of Records.

**REMARKS:**

**IMMEDIATELY RETURN RECEIPT TO:**

Department of Highway Safety and Motor Vehicles  
Bureau of Records  
Neil Kirkman Building, UTC, Room A213 (M.S. 89)  
Tallahassee, Florida 32399-0500  
**FAX: (850) 617-5168**



**FLORIDA UNIFORM TRAFFIC CITATION**

CHECK  
DIST

COUNTY OF _____		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) _____		AGENCY NAME _____	
		AGENCY # _____	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THERE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
<b>SUMMONS</b> (VIOLATOR'S COPY)			
DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____
			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST _____		MIDDLE _____	LAST _____
STREET _____ IF DIFFERENT THAN ONE OTHER DRIVER LICENSE YR HERE			
CITY _____		STATE _____	ZIP CODE _____
TELEPHONE NUMBER _____	DATE OF BIRTH _____	DOB _____	YOB _____
		RACE _____	SEX _____
			HGT _____
DRIVER LICENSE NUMBER _____	STATE _____	CLASS _____	CEL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
			VR LICENSE EXPI. _____
			COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
VR VEHICLE MAKE _____	MODEL _____	STYLE _____	COLOR _____
			PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE LICENSE NO. _____	PLATE TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____
			S 18 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, HIMSELF			METRO VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
			COMPANION CITATION (NUMBER) <input type="checkbox"/> YES <input type="checkbox"/> NO
FT. _____	MILES _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF NODE _____

**DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.**

UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED APPLICABLE \_\_\_\_\_ MPH

INTERSTATE    SCHOOL ZONE    CONSTRUCTION WORKERS PRESENT

SPEED MEASUREMENT DEVICE: \_\_\_\_\_

<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> EXPIRED DRIVER LICENSE
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> MORE THAN SIX (6) MONTHS
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT	<input type="checkbox"/> NO VALID DRIVER LICENSE
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS	<input type="checkbox"/> DRIVING WHILE LICENSE
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS	<input type="checkbox"/> SUSPENDED OR REVOKED
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
		<input type="checkbox"/> Passenger Under 18 Yrs.

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: \_\_\_\_\_

P.P. PAWN  YES  NO

DELETED  YES  NO

AGS REBORN DRIVING    IN VIOLATION OF STATE STATUTE   SECTION \_\_\_\_\_ SUB-SECTION \_\_\_\_\_

CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIORITY DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	FATALITY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	---	--

CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

INFRACTION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

GUILTY PENALTY IS \$ \_\_\_\_\_

COURT INFORMATION: DATE \_\_\_\_\_ TIME \_\_\_\_\_

COURT \_\_\_\_\_

LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

(LICENSE AND FINANCE 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. IF ARREST OCCURS, SIGNATURE IS NOT A WAIVER OF GUILTY OR WAIVER OF RIGHTS. IF YOU NEED ASSISTANCE TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.)

(SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)) \_\_\_\_\_

OFFICER: NAME OF OFFICER \_\_\_\_\_ RACE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE.

HSMV 7500 (Rev. 11/11)

**FLORIDA UNIFORM TRAFFIC CITATION**

CHECK  
CITIZ

COUNTRY OF	<input type="checkbox"/> (1) F.R.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE)	AGENCY NAME _____ AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS LISTED REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT AN **OFFICER - AGENCY COPY**

DAY OF WEEK	MONTH	DAY	YEAR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST	MIDDLE	LAST		
STREET _____ <small>IF DIFFERENT FROM THE DRIVER'S LICENSE IT HERE</small>				
CITY		STATE	ZIP CODE	
TELEPHONE NUMBER	DATE OF BIRTH	MO	DAY	YR
				RACE SEX HGT
DRIVER LICENSE NUMBER	STATE	CLASS	COL. LICENSE	VS. LICENSE EXP.
			<input type="checkbox"/> YES <input type="checkbox"/> NO	COMMERCIAL VEHICLE
VEHICLE	MAKE	STYLE	COLOR	PASSENGER OR MATERIAL
				<input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	NEAR TAG EXPIRES	5-15 PASSENGERS
				<input type="checkbox"/> YES <input type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, INMELY				MOTOR VEHICLE
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				COMPANION CITATION NUMBER(S)
				<input type="checkbox"/> YES <input type="checkbox"/> NO
FT. _____ MILES _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF NODE _____		

**DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.**

UNLAWFUL SPEED \_\_\_\_\_ MPH SPEED OF PLEASIBLE \_\_\_\_\_ MPH  
( INTERSTATE  SCHOOL ZONE  CONSTRUCTION WORKERS PRESENT)  
SPEED MEASUREMENT DEVICE \_\_\_\_\_

CARELESS DRIVING  CHILD RESTRAINT  EXPIRED DRIVER LICENSE  
 VIOLATION OF TRAFFIC CONTROL DEVICE  SAFETY BELT VIOLATION  MORE THAN SIX (6) MONTHS  
 FAILURE TO STOP AT A TRAFFIC SIGNAL  IMPROPER OR UNSAFE EQUIPMENT  NO VALID DRIVER LICENSE  
 IMPROPER LANE CHANGE OR COURSE  EXPIRED TAG SIX (6) MONTHS OR LESS  DRIVING WHILE LICENSE  
 NO PROOF OF INSURANCE  EXPIRED TAG MORE THAN SIX (6) MONTHS  SUSPENDED OR REVOKED  
 VIOLATION OF RIGHT-OF-WAY  IMPROPER PASSING  DRIVING UNDER THE INFLUENCE  
 Passenger or Under 18 Yrs.  SVL \_\_\_\_\_

OTHER VIOLATIONS OR COMMENTS PERTAINING TO CITIZEN: \_\_\_\_\_

FF - FVHM  YES  NO  
 DL - DEED  YES  NO

VIO. REVERSE DRIVING IN VIOLATION OF STATE STATUTE SECTION \_\_\_\_\_ SUB-SECTION \_\_\_\_\_

CRASH?  YES  NO PROPERTY DAMAGE  YES  NO ABILITY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

- CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
- INFRACTION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
- INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

CIVIL PENALTY IS \$ \_\_\_\_\_

COURT INFORMATION: DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 COURT \_\_\_\_\_  
 LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
 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 ASSISTANCE FOR ANY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

(SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT))

OFFICER - NAME OF OFFICER \_\_\_\_\_ RACED NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
 I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE.  
 HSMV 75301 (Rev. 11/11)

## COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.  
 PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_.

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) FLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →

**IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION  
NOT REQUIRING A COURT APPEARANCE**

If you were charged with a civil infraction, you must complete one of the following options **within 30 calendar days** of the date of this citation. If you fail to comply **within 30 calendar days**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

**Option 1:** You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk \_\_\_\_\_ does \_\_\_\_\_ does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. Proof of compliance in the form of driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than six months, expired tag less than six months, failure to display a valid driver license, and failure to display a valid registration. You **will** be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

**Option 2:** If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

**Option 3:** If you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per year and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

**Option 4:** If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per year and no more than five elections in your lifetime. Please visit [www.flhsmv.gov](http://www.flhsmv.gov) for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

**Option 5:** You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

**Option 6:** If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ \_\_\_\_\_ for this service. You may then mail or present this affidavit of compliance along with \$ \_\_\_\_\_ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

**FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE**

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: \_\_\_\_\_ ASSIGNED DHSMV AGENCY #: \_\_\_\_\_

Signed: \_\_\_\_\_

(Name, Title, ID#)

## REPORT OF ACTION ON CASE

**VIOLATIONS BUREAU:**

Date \_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

**COURT ACTION:**

Date \_\_\_\_\_ Plea \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

License Action \_\_\_\_\_

**OFFICER'S NOTES FOR TESTIFYING IN COURT:**

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 6. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT <input type="checkbox"/> Wet <input type="checkbox"/> Rain DARKNESS <input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted OTHER TRAFFIC PRESENT <input type="checkbox"/> Cross <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same Direction	CAUSED PERSON TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian JUST MISSED CRASH BY APPROX. _____ FT.	CRASH? <input type="checkbox"/> PD <input type="checkbox"/> Yes <input type="checkbox"/> PI <input type="checkbox"/> No <input type="checkbox"/> Fatal <input type="checkbox"/> Ped. <input type="checkbox"/> Vehicle <input type="checkbox"/> Hit fixed Object <input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Ran off Roadway <input type="checkbox"/> Intersection	HIGHWAY TYPE <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Business
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VEHICLE DEFECTS**

Service Brake \_\_\_\_\_

Parking Brake \_\_\_\_\_

Headlights \_\_\_\_\_

Tail Lights \_\_\_\_\_

Stop Lights \_\_\_\_\_

Windshield Wiper \_\_\_\_\_

Horn \_\_\_\_\_

Tires \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Florida Uniform Traffic Citation Notification Payment Plan Option for Civil Penalties**

Pursuant to section 28.246(4), Florida Statutes, if you were charged with a civil infraction, you may contact the Clerk of Court listed on the front of the citation to establish a payment plan.

HSMV 75901 - Supplement (Rev. 06/22)

DIAGRAM 3

FLORIDA DUI UNIFORM TRAFFIC CITATION										CHECK DIGIT
COUNTY OF <b>4</b>		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) F.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER								
CITY (IF APPLICABLE) <b>6</b>		AGENCY NAME <b>9</b>								
		AGENCY # <b>8</b>								
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THE SE HAS LIST AND RESPONSIBLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON										<b>COMPLAINT (RETAINED BY COURT)</b>
DAY OF WEEK <b>10</b>	MONTH <b>11</b>	DAY <b>11</b>	YEAR <b>11</b>	<b>12 13</b>						<input type="checkbox"/> AM. <input type="checkbox"/> PM.
NAME (PRINT) FIRST <b>14</b>		MIDDLE <b>15</b>			LAST <b>16</b>		<b>17</b>			
STREET <b>18</b>										<b>19</b>
CITY <b>20</b>		STATE <b>21</b>		ZIP CODE <b>22</b>						
TELEPHONE NUMBER <b>23</b>	DATE OF BIRTH: MO <b>24</b>	DAY <b>24</b>	HR <b>24</b>	FACE <b>25</b>	SEX <b>26</b>	HGT <b>27</b>				
DRIVER LICENSE NUMBER	STATE <b>29</b>		CLASS <b>30</b>	COL LICENSE Y <b>126</b> N	PL LICENSE EXP <b>31</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <b>32</b> <input type="checkbox"/> NO				
VEHICLE <b>33</b>	MAKE <b>34</b>	STYLE <b>35</b>	COLOR <b>36</b>	PLAQUE/HEAVY DUTY MATERIAL <input type="checkbox"/> YES <b>37</b> <input type="checkbox"/> NO						
VEHICLE LICENSE NO <b>38</b>	PLAQUE TAG NO <b>39</b>	STATE <b>40</b>	YEAR TAG OF REG <b>41</b>	3-15 PASSENGERS <input type="checkbox"/> YES <b>121</b> <input type="checkbox"/> NO						
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, HIGHLY										
<b>43</b>										
FT. <b>44</b>	MILES <b>45</b>	N <input type="checkbox"/> 46	S <input type="checkbox"/> 47	E <input type="checkbox"/> 48	W <input type="checkbox"/> 49	OF NODE <b>50</b>				
MOTORCYCLE <input type="checkbox"/> YES <b>120</b> <input type="checkbox"/> NO										
COMPANION CITATIONS <input type="checkbox"/> YES <b>42</b> <input type="checkbox"/> NO										
DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .05 OR ABOVE OF <b>62</b>										
COMMENTS PERTAINING TO OFFENSE: (Only one offense each driver)										
<b>72</b>										
<input type="checkbox"/> YES <b>113</b>		PASSENGER < 10 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO <b>123</b>		STATE STATUTE <b>76</b>		SECTION <b>77</b>		SUB-SECTION <b>122</b>		
DASH <input type="checkbox"/> YES <input type="checkbox"/> NO <b>78</b>		DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO <b>79 80</b>		INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <b>81</b>		SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO <b>82</b>		FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO <b>83</b>		
THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.										
QUARTER <b>88</b>		TIME <b>89 91</b>						CHECK DIGIT		
COURT AND LOCATION <b>92 93 94 95</b>										
ARREST DELIVERED TO <b>96</b> DATE <b>97</b>										
I HEREBY CERTIFY THAT I CORRECTLY AND FAIRLY AND WITHOUT BIAS AND DISCRIMINATION SPECIFIED IN THIS CITATION, HAVE BEEN ADVISED OF ALL RIGHTS AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS AN AFFIRMATION OF TRUTH AND FAITHFULNESS. IF YOU NEED RESPONSIBLE FACILITY RECOMMENDATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.										
SIGNATURE OF VIOLATOR										
EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:										
<b>105</b> <input type="checkbox"/> DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F.S.										
<b>106</b> <input type="checkbox"/> REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F.S.										
<b>107</b> LICENSE SURRENDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON <b>108</b>										
<b>109</b> ELIGIBLE FOR PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO REASON <b>110</b>										
UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 30TH DAY FOLLOWING THE DATE OF SUSPENSION.										
AT THE <b>111</b> BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.										
SIGNATURE OF OFFICER <b>98</b>		MOBILE NO. <b>100 101</b>		ID. NO. <b>102</b>		TROOP UNIT <b>103 104</b>				
HSW 7504 (Rev. 4/11)										

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) _____	AGENCY NAME _____ AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS LISTED ALL REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION**

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 QUARTER LICENSE # HERE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH: MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ SEX \_\_\_\_\_ HGT \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ COLL. LICENSE \_\_\_\_\_ YR. LICENSE EXP. \_\_\_\_\_ COMMERCIAL VEHICLE  YES  NO

VE. VEHICLE MAKE \_\_\_\_\_ STYLE \_\_\_\_\_ COLOR \_\_\_\_\_ FLORIDA HAZARDOUS MATERIAL  YES  NO

VEHICLE LICENSE NO. \_\_\_\_\_ TRAILER TAG NO. \_\_\_\_\_ STATE \_\_\_\_\_ NEAR TAG EXP. FEB. \_\_\_\_\_ 2-15 PASSENGERS  YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY \_\_\_\_\_ MOTORCYCLE  YES  NO

PT. \_\_\_\_\_ MILCS \_\_\_\_\_ N \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_ OF HODE \_\_\_\_\_ CONVICTION CITRIZINS  YES  NO

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .03 OR ABOVE OF \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) \_\_\_\_\_ PENALTY  YES  NO

AGGRESSIVE DRIVER  PASSENGER < 10 YEARS  YES  NO STATE STATUTE \_\_\_\_\_ SECTION \_\_\_\_\_ SUB-SECTION \_\_\_\_\_

DRAWN  YES  NO DAMAGE TO OTHER PROPERTY  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

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

COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ CHECK DIGIT \_\_\_\_\_

COURT/LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO OBEY ALL LAWS AND REGULATIONS AND INSTRUCTIONS SPECIFIED IN THIS CITATION. I HEREBY EXPRESSLY ACCEPT AND SIGN THIS CITATION ONLY BECAUSE I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY DOCUMENTS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR \_\_\_\_\_

- EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:**
- DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F. S.
  - REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F. S.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.  
AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEW'S OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

ISSUE - SIGNATURE OF OFFICER \_\_\_\_\_ RACE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HMV 7504 (Rev. 4/11)

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY # (APPLICABLE) _____	AGENCY NAME _____ AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THERE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **DHSMV RECORD** **FORWARD TO DESIGNATED DHSMV HEARING OFFICE**

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 _____
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STREET \_\_\_\_\_ IF DIFFERENT THAN ONE QUARTER LICENSE # HERE \_\_\_\_\_

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

TELEPHONE NUMBER _____	DATE OF BIRTH _____	DAY _____	MO _____	YR _____	RACE _____	SEX _____	HGT _____
------------------------	---------------------	-----------	----------	----------	------------	-----------	-----------

DRIVER LICENSE NUMBER _____	STATE _____	CLASS _____	CDL LICENSE _____	YR LICENSE EXP _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
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VEHICLE MAKE _____	STYLE _____	COLOR _____	FLA DANGER MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------	-------------	-------------	---

VEHICLE LICENSE NO _____	TRAILER TAG NO _____	STATE _____	NEAR TAG EXP FEB _____	≥ 15 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY \_\_\_\_\_

PT. _____	MILES _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF MILE _____	CONVERSION CITY CLAS <input type="checkbox"/> YES <input type="checkbox"/> NO
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DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .05 OR ABOVE OF \_\_\_\_\_

CONSENTS RETURNING TO OFFICE: (Only one offense each citation)  RESUR  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER ≤ 15 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE _____	SECTION _____	SUB-SECTION _____
--	--	---------------------	---------------	-------------------

DASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--	---	--

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

COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ CHECK DIGIT \_\_\_\_\_

COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

I OATH AND PLEDGE TO COMPLY AND OBEY ALL REGULATIONS AND INSTRUCTIONS SPECIFIED IN THIS CITATION. VIOLATION THEREOF SHALL BE ACCEPTED 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 FACILITY DOCUMENTATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR \_\_\_\_\_

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED OR IS QUALIFIED FOR:

- DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F. S.
- REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F. S.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION

AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RA# - SIGNATURE OF OFFICER \_\_\_\_\_ MOBILE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HSMV 75504 (Rev. 4/11)

# FLORIDA DUI UNIFORM TRAFFIC CITATION

CHECK  
DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) F.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY # (APPLICABLE) _____	AGENCY NAME _____ AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THERE HAS BEEN JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

**SUMMONS  
(VIOLATOR'S COPY)**

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 QUERYS LICENSE TYPE

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MO \_\_\_\_\_ DAY \_\_\_\_\_ NO \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ HGT \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ CLASS \_\_\_\_\_ CDL LICENSE \_\_\_\_\_ YR LICENSE EXP \_\_\_\_\_ COMMERCIAL VEHICLE  
 YES  NO

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ FLAGGED HAZARDOUS MATERIAL  
 YES  NO

VEHICLE LICENSE NO \_\_\_\_\_ TRAILER TAG NO \_\_\_\_\_ STATE \_\_\_\_\_ NEAR TAG EXPIRES \_\_\_\_\_ 2-12 PASSENGERS  
 YES  NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY \_\_\_\_\_  
MOTORCYCLE  YES  NO  
CONVERSION CITATIONS  YES  NO

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .05 OR ABOVE OF \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE (Only one offense each citation) \_\_\_\_\_ REASON  YES  NO

AGGRESSIVE DRIVER  PASSENGER 6-18 YEARS  YES  NO STATE STATUTE \_\_\_\_\_ SECTION \_\_\_\_\_ SUB-SECTION \_\_\_\_\_

DAMAGE TO OTHER PROPERTY  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

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

COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ CHECK DIGIT \_\_\_\_\_  
COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I OBEY AND PROMISE TO COMPLY AND ADHERE TO THE ORDINANCES AND INSTRUCTIONS SPECIFIED IN THIS CITATION, WILLFUL REFUSAL TO OBEY AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY TO OBEY AND PROMISE TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

- SIGNATURE OF VIOLATOR**
- EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/IS QUALIFIED FOR:**
- DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F.S.
  - REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F.S.
- LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.  
AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RAV - SIGNATURE OF OFFICER \_\_\_\_\_ MOBILE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HSMV 7504 (Rev. 4/11)

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

COUNTY OF _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE) _____	AGENCY NAME _____ AGENCY # _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT THERE HAS LIST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON \_\_\_\_\_

**OFFICER - AGENCY COPY**

DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
-------------------	-------------	-----------	------------	--

NAME (PRINT) FIRST _____	MIDDLE _____	LAST _____
--------------------------	--------------	------------

STREET \_\_\_\_\_ IF DIFFERENT THAN ONE QUARTER LICENSE IT HERE

CITY _____	STATE _____	ZIP CODE _____
------------	-------------	----------------

TELEPHONE NUMBER _____	DATE OF BIRTH _____	HAIR _____	EYES _____	SEX _____	HGT _____
------------------------	---------------------	------------	------------	-----------	-----------

DRIVER LICENSE NUMBER _____	STATE _____	CLASS _____	CDL LICENSE _____	YR LICENSE EXP _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
-----------------------------	-------------	-------------	-------------------	----------------------	--

VEHICLE MAKE _____	STYLE _____	COLOR _____	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------	-------------	-------------	--

VEHICLE LICENSE NO _____	TRAILER TAG NO _____	STATE _____	YEAR TAG EXPIRES _____	> 15 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------	----------------------	-------------	------------------------	---

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____	MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

IT _____ MILES _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF ROAD _____	COMBINATION CIRCUITS <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------	---	---------------	--

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .03 OR ABOVE OF \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE: (Only one offense each driver)

_____	PERMANENT <input type="checkbox"/> YES <input type="checkbox"/> NO
-------	---

<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER 6-10 YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE _____	SECTION _____	SUB-SECTION _____
--	---	---------------------	---------------	-------------------

CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---	--	---

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

COURT DATE _____	TIME _____	CHECK DIGIT _____
------------------	------------	-------------------

COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_

I HEREBY AND PROMISE TO COMPLY AND OBEY TO THE ORDINANCES AND REGULATIONS SPECIFIED IN THIS CITATION, WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN APOLOGUE OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR \_\_\_\_\_

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F.S.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F.S.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

PRINT - SIGNATURE OF OFFICER _____	MODE NO. _____	ID NO. _____	TROOP UNIT _____
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HSMV 75504 (Rev. 4/11)

## COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ <div style="text-align: center; margin-top: 10px;">                         _____                          SIGNATURE OF PERSON GIVING BAIL                     </div> <div style="text-align: center; margin-top: 10px;">                         _____                          SIGNATURE OF PERSON TAKING BAIL                     </div>
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. <div style="text-align: center; margin-top: 10px;">                         _____                          SIGNATURE OF CLERK                     </div>
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) FLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ <div style="text-align: center; margin-top: 20px;">                         _____                          SIGNATURE OF JUDGE                     </div>
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →

**FLORIDA DUI  
UNIFORM TRAFFIC CITATION REPORT OF DISPOSITION  
ABSTRACT OF COURT RECORD FOR  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
MUST BE REPORTED WITHIN 10 DAYS AFTER FINAL ADJUDICATION**

**I. COURT ACTION**

DEFENDANT'S PLEA: (CHECK ONE)  GUILTY  NOT GUILTY  NOLLO CONTENDERE  
 TRIAL:  1 JURY  2 NON-JURY  
 1 DEFENDANT REPRESENTED BY COUNSEL  2 DEFENDANT WAIVED COUNSEL

TOTAL FINE AMOUNT  TOTAL COURT COSTS

**VERDICT**

**SENTENCE**

CHECK ONLY ONE:

CHECK ONLY WHEN VERDICT IS GUILTY OR ADJUDICATION WITHHELD BY JUDGE.

- 1 GUILTY
- 8 ESTREATED OR FORFEITED BOND
- 9 ADJUDGED DELINQUENT (JUVENILE ONLY)
- 2 NOT GUILTY
- 3 DISMISSED
- 8 NOLLE PROSEQUI
- A ADJUDICATION WITHHELD BY JUDGE
- B OTHER \_\_\_\_\_  
EXPLAIN

- 1 SERVED TIME
- 2 SENTENCE WITHHELD, DEFERRED OR SUSPENDED
- 3 PROBATION
- 4 TRAFFIC SCHOOL
- 5 FINE AND/OR COSTS
- 6 LICENSE ACTION ONLY EXPLAIN BELOW
- 7 OTHER \_\_\_\_\_  
EXPLAIN
- 8 COMMUNITY SERVICE
- 9 INCARCERATION (AFTER DISPOSITION)

**II.** \_\_\_\_\_  
 IF ORIGINAL CHARGE IS CHANGED, ENTER CHARGE OF WHICH VIOLATOR WAS CONVICTED. DO NOT MAKE ANY ADDITIONAL CHANGES ON FRONT OR BACK OF THIS CITATION.  
 ORIGINAL DUI CHARGE CHANGED PER STATE ATTORNEY  YES  NO

**III. LOCATION** TYPE OF COURT (CHECK BOX)  
 COUNTY \_\_\_\_\_  1 COUNTY  
 CITY \_\_\_\_\_  2 CIRCUIT  
LOCATION OF TRIAL COURT  
 PRESIDING JUDGE \_\_\_\_\_

**IV. LICENSE ACTION**  
 COURT RECOMMENDS THE DEPARTMENT SUSPEND DRIVING PRIVILEGE  
 LENGTH \_\_\_\_\_  
VIOLATIONS CARRYING MANDATORY REVOCATIONS  
 COURT MAY SPECIFY LENGTH \_\_\_\_\_ OR CHECK ONE:  
 MINIMUM  MAXIMUM  
 LICENSE PICKED UP BY COURT AND ATTACHED TO THIS REPORT AS REQUIRED BY F.S. 322.26.  
 VIOLATOR'S ABILITY TO DRIVE IS QUESTIONABLE AND COURT RECOMMENDS RE-EXAMINATION

**V. THE DATES BELOW MUST BE ENTERED ON ALL DISPOSITIONS**  
 FINAL ADJUDICATION OR ACTION ON \_\_\_\_\_  
DATE  
 SUBMITTED TO DHSMV ON \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL SUBMITTING REPORT

## Information Regarding Review Hearing

### FINAL ORDER

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification. If you want the department to conduct a review of your suspension/disqualification you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within ten calendar days following the date of suspension/disqualification and include a copy of this notice. When requesting a review, you must include a non-refundable filing fee of \$25 made payable to DHSMW.

### INFORMAL REVIEW

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

### FORMAL REVIEW

The formal review allows you to be heard and present witnesses in regard to the suspension/disqualification.

### DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
2. Whether the person had an unlawful blood or breath alcohol level (.08 or above).

### REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

1. Same as number one above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person whose license was suspended was told that if he or she refused to submit to such test his or her privilege to operate a motor vehicle would be suspended.

### IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED: DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
2. Whether the person had an unlawful blood-alcohol level of 0.08 or higher.

### REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST

1. Same as number 1 above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement or correctional officer.
3. Whether the person was told that if he or she refused to submit to such test his or her driving privilege to operate a commercial motor vehicle would be disqualified.

### **FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION.**

#### **Location of Administrative Reviews Hearing Offices**

- |   |  |  |
|---|--|--|
| 1. Clearwater 33762<br>4500 140th Avenue North,<br>Suite 1002 | 6. Jacksonville 32210-3922<br>7439 Wilson Blvd.          | 11. Panama City 32411-2281<br>237 West 15th Street (Lincoln Center)      |
| 2. Daytona Beach 32114-8663<br>956 Orange Avenue              | 7. Lantana 33462<br>1299 West Lantana Rd                 | 12. Pensacola 32504-6331<br>7282 Plantation Road, Suite 406              |
| 3. Ft. Myers 33901<br>4048 Evans Avenue, Suite 300            | 8. Lauderdale Lakes 33311<br>3708 West Oakland Park Blvd | 13. Tallahassee 32309-0300<br>2900 Apalachee Parkway, Rm B-141,<br>M5 05 |
| 4. Ft. Pierce 34942-0106<br>3200 South Federal Hwy., Suite 8  | 9. Miami 33144<br>7756 West Flagler Street, Suite 833    | 14. Tampa 33610-4470<br>2814 East Hillsborough Avenue                    |
| 5. Gainesville 32609-2661<br>2615 N.W. 13th Street, Suite 302 | 10. Melbourne 32901-7121<br>2326 S. Babcock Street       | 15. Orlando 32610-4221<br>4101 Carolina-Corcoran Road, Ste. 152          |
|   |  | 16. Winter Springs 32706<br>290 East State Road 434                      |

### REPORT OF ACTION ON CASE

**VIOLATIONS BUREAU:**

Date \_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

**COURT ACTION:**

Date \_\_\_\_\_ Plea \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

License Action \_\_\_\_\_

**OFFICER'S NOTES FOR TESTIFYING IN COURT:**

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 6. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT <input type="checkbox"/> Wet <input type="checkbox"/> Rain <input type="checkbox"/> Night DARKNESS <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted OTHER TRAFFIC PRESENT <input type="checkbox"/> Cross <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same Direction _____	CAUSED PERSON TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian JUST MISSED CRASH BY APPROX. _____ FT.	CRASH? <input type="checkbox"/> PD <input type="checkbox"/> Yes <input type="checkbox"/> PI <input type="checkbox"/> No <input type="checkbox"/> Fatal <input type="checkbox"/> Ped. <input type="checkbox"/> Vehicle <input type="checkbox"/> Hit fixed Object <input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Ran off Roadway <input type="checkbox"/> Intersection	HIGHWAY TYPE <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Business
--	--	--	--

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VEHICLE DEFECTS**

Service Brake \_\_\_\_\_

Parking Brake \_\_\_\_\_

Headlights \_\_\_\_\_

Tail Lights \_\_\_\_\_

Stop Lights \_\_\_\_\_

Windshield Wiper \_\_\_\_\_

Horn \_\_\_\_\_

Tires \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DUI BOOK  
OFFICER'S RECEIPT**

Department \_\_\_\_\_

No. From \_\_\_\_\_ Thru \_\_\_\_\_

Issued To - Officer's Name \_\_\_\_\_

Date Issued \_\_\_\_\_ Troop  
or  
Dist. \_\_\_\_\_

Issuing Authority \_\_\_\_\_

I, the undersigned, certify that I have personally examined each of the ten (10) prenumbered complaint forms with the numbers shown above and have found all said forms included in this book. I accept full responsibility and accountability for this uniform complaint book issued to me on the above date.

Signature of Officer \_\_\_\_\_ ID \_\_\_\_\_

**IMPORTANT**

1. EACH CITATION IN THIS BOOK MUST BE ACCOUNTED FOR.
2. IF CITATION IS SPOILED WHILE WRITING IT OR IS NOT COMPLETED FOR ANY REASON, MARK VOID ACROSS IT, SIGN IT AND RETURN ALL COPIES TO PROPER AUTHORITY.
3. IF CITATION IS LOST OR MISSING BEFORE OR AFTER WRITING IT, AN AFFIDAVIT CONCERNING THIS FACT SHOULD BE EXECUTED AND TRANSMITTED TO THE PROPER AUTHORITY.
4. IF THE ENTIRE BOOK OF CITATIONS OR PART OF IT IS RENDERED UNUSABLE IN ANY WAY, IT SHOULD BE TURNED IN FOR TRANSMITTAL TO THE PROPER AUTHORITY.

**Section 316.1923, F.S. Aggressive Careless Driver**

DHSMV's interpretation of this statute is that an officer is **not** required to write two citations to check the aggressive driver box. If the driver commits two or more violations as listed in the aggressive careless driver definition we recommend that the box be checked regardless of the number of citations issued. The officer should provide an explanation as to why the box was checked on the comments line of the citation.

**As a reminder, you cannot cite a driver for aggressive careless driving. However, you should check the box to indicate that the driver committed aggressive careless violations.**

**Do NOT use the citation numbers of this booklet for tickets generated by portable electronic systems. Contact DHSMV, Bureau of Records to obtain valid electronic citation numbers.**

PRE-CARBONED PAPER  
HSMV 75904 (Rev. 4/11)



DIAGRAM 5



**COURT ORDER REPORT OF DISPOSITION**

FOR USE ONLY FOR THE CLERK OF COURT TO PROMPTLY REPORT DISPOSITIONS TO DHSMV WHEN A UNIFORM TRAFFIC CITATION WAS NOT ISSUED.

**IMPORTANT:** DO NOT REPORT DISPOSITIONS OF 316, 320, 322, AND 324 OR WHEN A CITATION IS MANDATED BY SECTIONS 316.650(10) OR 322.26 FLORIDA STATUTES ON THIS FORM. UNIFORM TRAFFIC CITATIONS ARE REQUIRED FOR REPORTING THESE DISPOSITIONS. **PLEASE NOTE: A COURT SEAL OR CLERK'S SEAL IS REQUIRED ON THIS FORM**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

OFFENSE DATE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

VIOLATION (ONE PER FORM): \_\_\_\_\_

MISDEMEANOR  FELONY  VEHICLE INVOLVED

PURSUANT TO F.S. # \_\_\_\_\_

VERDICT: \_\_\_\_\_

EXTEND TIME PERIOD PURSUANT TO 322.056 OR 322.055, 790.022, 812.0155 OR 806.13?

YES OR  NO

TOBACCO VIOLATION – SUSPEND BASED ON (MARK ONLY ONE):

VIOLATION ONLY  OR CONVICTION

TOBACCO VIOLATION; LENGTH OF SUSPENSION (MARK ONLY ONE):

30 DAYS  45 DAYS  60 DAYS

SENTENCE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_

COURT TYPE: (MARK ONE) COUNTY  MAGISTRATE  CIRCUIT

LENGTH OF SUSPENSION: \_\_\_\_\_

LENGTH OF REVOCATION: \_\_\_\_\_

DISPOSITION DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(JUDGE OR CLERK OF COURT)

TELEPHONE NUMBER: \_\_\_\_\_ DATE MAILED TO DHSMV: \_\_\_\_\_

MAIL TO:

Department of Highway Safety & Motor Vehicles  
Mailstop 93 - Room A-228  
2900 Apalachee Parkway  
Tallahassee Florida 32399-0580

HSMV 75827 (REV. 05/16)

**DIAGRAM 6**

**STATE OF FLORIDA**

**Department of Highway Safety and Motor Vehicles**

<b>SECTION:</b> 14	<b>SUBJECT:</b> COURT DIRECTED SUSPENSION FOR FAILURE TO PAY FINANCIAL RESPONSIBILITY ON CRIMINAL CASES	<b>PAGE:</b> 2 OF 3
-----------------------	--	------------------------

**NOTICE TO SUSPEND DRIVING PRIVILEGE FOR FAILURE TO PAY ANY  
FINANCIAL OBLIGATION IN ANY OTHER CRIMINAL CASE**  
Pursuant to Section 322.245(5)(a), Florida Statutes

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

COUNTY CODE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Submitting Report

Date Mailed to DHSMV: \_\_\_\_\_

**MAIL TO:**

Department of Highway Safety and Motor Vehicles  
Division of Driver Licenses, Bureau of Records  
Neil Kirkman Building, Room B235 – MS 91  
Tallahassee, Florida 32399-0575

**\*Please Note:**

Pursuant to Section 322.245(5)(a), Florida Statutes, the Florida Department of Highway Safety and Motor Vehicles (department) is required to suspend the license of persons reported to the department by a clerk of court for failing to pay court financial obligations (CFOs) for criminal offenses. The department recently became aware that some of the notices submitted by certain clerks of court for failing to pay CFOs for criminal offenses were submitted for violations of municipal ordinances and county ordinances, which may lack sufficient legal authority to suspend a driver license. Clerks should ensure only lawful requests for DL action are submitted. Please contact [CourtAssist@flhsmv.gov](mailto:CourtAssist@flhsmv.gov) for any questions.

