


CITATION

State of Minnesota		 550000205185		
Citation #: 0000		Sequential Citations ___ of ___		
County Name:		Sequential Citations ___ of ___		
Identification: <input type="checkbox"/> DL <input type="checkbox"/> DVS Web <input type="checkbox"/> Photo ID <input type="checkbox"/> FP <input type="checkbox"/> Other				
DL Number		MN <input type="checkbox"/> CDL <input type="checkbox"/> State _____		
Name: First Middle Last Suffix				
Address – Street, Apt #				
City		State		Zip
DOB (mm/dd/yyyy)		Height	Weight	Eyes
Gender				
<input type="checkbox"/> Juvenile Court Offense. Circle One: JTR, JPO, DEL		Parent or Guardian's Name:		<input type="checkbox"/> Same address as Juvenile
Address:				
Veh. Lic. No.	Plate Year	State	Make	Style <input type="checkbox"/> 16+ pass. Color
Date of Offense		Time of Offense		
<input type="checkbox"/> Endangering Life or Property* *Court appearance required if checked		<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Hazardous Materials (DOT) DOT# _____ #Pounds overweight: _____		
<input type="checkbox"/> Driver	<input type="checkbox"/> Owner	<input type="checkbox"/> Passenger	<input type="checkbox"/> Citee	<input type="checkbox"/> Parked <input type="checkbox"/> Booked
Offense Location		Circle One: City/County/Township/Other Of: _____		
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
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Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
Offense	Charge Description	Statute/Ordinance	<input type="checkbox"/> 3rd violation	PM, M, GM
<input type="checkbox"/> AC Taken – AC: _____ Test type: <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other Substance <input type="checkbox"/> Refused				
If this is a payable citation, you must pay the amount owed or schedule an appearance within 30 days from the date the citation was issued. See the back of this citation for more information.				
Officer(s) Name(s)		Officer No(s)		Prosecutor
Controlling Agency (CAG) MN0000000		How Issued <input type="checkbox"/> In Person <input type="checkbox"/> Mailed <input type="checkbox"/> Left at the Scene		Date Issued
Agency Name:		CN/ICR		

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FOR INFORMATION: To find out if your citation is payable without a court appearance, how much to pay, to schedule a court appearance or if you have any other questions, **CALL THE MINNESOTA COURT PAYMENT CENTER (CPC) at 651-281-3219 in the metro or 1-800-657-3611 outside of the metro area.** Please allow at least 7 business days from the date you receive your citation for processing before calling. Other important notices regarding your rights can be found on the Minnesota Judicial Branch website at: www.mncourts.gov/fines

IF YOU ARE CHARGED WITH NO INSURANCE OR NO PROOF OF INSURANCE, PROVIDE ANY PROOF OF INSURANCE BEFORE MAKING A PAYMENT. Proof of insurance may be faxed to the CPC at 1-320-231-6507 or mailed to Minnesota Court Payment Center, PO Box 898, Willmar, MN 56201. **Call the CPC at the number above one week after faxing to confirm the fax was received and processed.**

TO PAY YOUR CITATION, choose one of the following methods:

- **Online:** Using MasterCard or Visa, access www.mncourts.gov/fines. Have your citation number available. A convenience fee will apply.
- **By Phone:** Using MasterCard or Visa, call **651-281-3219** in the metro or **1-800-657-3611** outside of the metro area. Have your citation number available. Disponible por teléfono en Español. A convenience fee will apply.
- **By Mail:** Check or Money Order payable to Court Administration. Send to: Minnesota Court Payment Center, PO Box 898, Willmar, MN 56201. Include a copy of your citation or indicate the citation number on the check or money order.

YOU HAVE THE RIGHT TO APPEAR IN COURT. You must pay the amount owed or you may schedule an appearance within 30 days from the date this citation was issued. For more information on making a payment or scheduling a court appearance, call the CPC at the number above. If you want to verify online if your citation is payable, you may access www.mncourts.gov/fines and follow the instructions for 'How much is my fine?'.

BY PAYING THIS FINE(S), YOU ARE ENTERING A PLEA OF GUILTY to this offense(s) and voluntarily waive your rights to the following: (Minn. R. Crim. P. 23.03)

1. To a court trial, if the offense is a petty misdemeanor, or a court or jury trial for all other offenses;
2. To be represented by counsel;
3. To be presumed innocent until proven guilty beyond a reasonable doubt;
4. To confront and cross examine all witnesses; and
5. To either remain silent or to testify on your own behalf.

A guilty plea will result in a conviction. If convicted, you must pay a state imposed surcharge under Minn. Stat. § 357.021, subd. 6. The current amount of the required surcharge is \$12 for parking-related offenses and \$75 for all other offenses, and an additional \$1 for citations issued in Ramsey County (Minn. Stat. § 169.99). Additionally, a law library fee will be owed. These surcharges and fees are included in the total payable amount provided to you by phone or web.

Under Minn. Stat. § 480.15, subd. 10c, unpaid fines may be referred for collections. You have the right to contest the referral.

Issuance of a worthless check to the court is a crime, and you will be subject to civil and criminal penalties. In addition, a charge of up to \$30 will be assessed on all returned checks (Minn. Stat. § 604.113, subd. 2).

Other important notices regarding your rights can be found on the Minnesota Judicial Branch website at: www.mncourts.gov/fines

Penalties for Failure to Appear or Respond

Failure to appear or respond as required may result in the following:

- The Department of Public Safety and/or the Department of Natural Resources may be notified of your failure to appear and/or conviction, depending on the charge(s). These agencies may suspend your driver's license or DNR licenses for failing to appear.
- A warrant may be issued for your arrest.
- Late penalties may be assessed.
- For Petty Misdemeanors, and Misdemeanors Certified as Petty Misdemeanors, failure to appear or respond as required is considered a waiver of the right to trial, and a guilty plea and conviction will be entered on the charge(s), unless the failure to appear is due to circumstances beyond your control. (Minn. Stat. § 169.91; 609.491; Minn. R. Crim. P. 23.04-23.05.)

If this is a Juvenile Court Offense:

The Court will mail further information and instructions to you.

OFFICER NOTES

Definitions

COMMERCIAL VEHICLE: OVER 26,000 GVW OR BUS 16 OR MORE PASSENGERS.

HAZARDOUS MATERIALS: ANY SIZE VEHICLE TRANSPORTING HAZARDOUS MATERIALS.

ENDANGERING PERSON OR PROPERTY: OFFICER BELIEVES AN OFFENSE WAS COMMITTED IN A MANNER THAT ENDANGERED PERSON OR PROPERTY OR WAS LIKELY TO ENDANGER ANY PERSON OR PROPERTY. CHECKING THIS BOX WILL CONVERT A PETTY MISDEMEANOR OFFENSE TO A MISDEMEANOR AND WILL REQUIRE THE DEFENDANT TO APPEAR IN COURT.

REMINDER FROM STATE PATROL: 31 MPH OVER SPEED LIMIT IS ENDANGERING.

ROAD TYPE: RESIDENTIAL RURAL URBAN DIVIDED _____

UNSAFE CONDITIONS: 1: IMPAIRED VISIBILITY RAIN SNOW FOG _____
2: OTHER TRAFFIC PRESENT 3: FREEWAY (EXCEPT SPEEDING) 4: SLIPPERY ROADWAY
5: CAUSED PERSON OR VEHICLE TO DODGE

VIOLATORS DIRECTION: N S E W _____ LANE: _____

SQUAD DIRECTIONS: SAME FACE STATIONARY CAR LOCK DEVICE

OBSERVATIONS: VISUAL CONFIRMATION OF SPEED _____

TRAFFIC SURVEY: NO OTHER TRAFFIC OTHER: _____

DOPPLER AUDIO: SINGLE TARGET _____ TERRAIN: _____

OBSERVATIONS: VISUAL CONFIRMATION OF SPEED _____

SPEED READINGS: _____ **PATROL SPEED:** _____

STOP LOCATION: _____

(STOP LOCATION MAY BE DIFFERENT THAN OFFENSE LOCATION, MUST FILL IN OFFENSE LOCATION ON FRONT OF CITATION.)

INSURANCE: _____ **PASSENGERS:** _____

WARNING ISSUED: SEAT BELT OTHER: _____

NO SEAT BELT USE OBSERVED WHEN: MEETING FOLLOWING AT STOP ADMITTED

STATEMENT BY DRIVER: _____

TRAFFIC STOP WAS: AUDIO RECORDED VIDEO RECORDED

NOTES: _____

