


CITATION

State of Minnesota		 550000205185			
Citation #: 0000					
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: Relationship to Child: Address:			<input type="checkbox"/> Same address as Juvenile
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	
Offense Location		Circle One: City/County/Township/Other Of: _____			
Offense Description		Statute/Ordinance		<input type="checkbox"/> 3rd violation	PM, M, GM
Offense Description		Statute/Ordinance		<input type="checkbox"/> 3rd violation	PM, M, GM
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Offense 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					
<input type="checkbox"/> Fingerprinted	<input type="checkbox"/> Defendant In Custody	<input type="checkbox"/> Species/No.		<input type="checkbox"/> Wildlife Restitution \$	
If this is a payable citation, you must pay the amount owed or schedule an appearance within 30 days from the date the citation is filed with the court. 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: Go to www.mncourts.gov/fines to find out if your citation is payable without a court appearance, how much to pay, how to schedule a court appearance, and other important information OR **if calling from a metro area (612, 651, 763, 952) or international number call the Minnesota Court Payment Center (CPC) at 651-281-3219 or outside the metro area call 1-800-657-3611.** It may take up to 7 days from the date you received your citation for processing before the CPC can assist you or you can pay your fine online.

FOR NO INSURANCE OR NO PROOF OF INSURANCE OFFENSES, PROVIDE PROOF OF INSURANCE BEFORE MAKING A PAYMENT. Proof of insurance may be faxed to 1-320-231-6507 or mailed to CPC, PO Box 898, Willmar, MN 56201. **Call the CPC at the number above one week after faxing or mailing to confirm your documentation was received and processed, or find your case online to confirm the Proof of Insurance charge was entered on your case and the offense is dismissed, if applicable.**

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

- **Online:** Using MasterCard or Visa, go to www.mncourts.gov/fines. Have your citation or case number available. A convenience fee will apply.
- **By Phone:** Using MasterCard or Visa, call the number above. Have citation or case number available. A convenience fee will apply.
By Mail: Check or Money Order payable to Court Administration, Minnesota Court Payment Center, P.O. Box 898, Willmar, MN 56201. Include a copy of your citation or indicate the citation number on the check or money order.
- **In Person:** You can only pay in person in the county listed at the top of your citation in the "County Name" field. Court location information is available on www.mncourts.gov/Fines-Courts.aspx

YOU HAVE THE RIGHT TO APPEAR IN COURT. You must pay the amount owed **OR** schedule an appearance within 30 days from the date this citation is filed with the court. For more information about how to pay, schedule a court appearance, or other important information, call the CPC at the number above or go to www.mncourts.gov/fines.

IF YOU PAY THE FINE(S), YOU ARE PLEADING 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.

IF YOU FAIL TO PAY OR APPEAR IN COURT:

- **A warrant may be issued for your arrest.**
- **Late penalties may be assessed.**
- **The failure to appear will be considered a guilty plea** and waiver of your rights including the right to trial for certain offenses, unless you appear in court within 10 days of the failure to pay or appear and show the failure was due to circumstances beyond your control. (Minn. Stat. § 169.91; 609.491; Minn. R. Crim. P. 23.04-23.05.)

If you are not a citizen of the United States, a guilty plea may result in deportation, exclusion from admission to the United States, or denial of naturalization as a United States citizen. Minn. R. Crim. P. 15.02, subd 1(3).

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 on the court's website.

The Department of Public Safety and/or the Department of Natural Resources may be notified of your failure to pay or appear, and/or conviction, depending on the offense(s). These agencies may suspend your driver's license or DNR license.

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).

If this is a Juvenile Court Offense

See the checkbox above (" **Juvenile Court**"). If the box is checked, this is a juvenile court offense and the Court will mail further information and instructions to you. Call the CPC at the phone number(s) above for more information.

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: _____

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: _____

