Maricopa County Sheriff Department

ARIZONA TRAFFIC TICKET AND COMPLAINT

Report Number

Complaint	Driver's License Number	In Possession ☐ Yes	State	Class D	Military ☐ Yes

☐ COLLISION ☐ FATALITY ☐ SERIOUS INJURY ☐ COMMERCIAL ☐ HAZ MAT ☐ 16 PASSENGER

DEFENDANT

Name: First	Middle	Last	Spanish Speaking Only ☐ / Other Language

Residential Address	City	State	Zip Code	Phone

SSN	Gender	Eyes	Hair	Height	Weight	Origin	DOB	Endorsements	Restrictions

Business Address	City	State	Zip Code	Business Phone
SELF				

VEHICLE

Year	Color	Make	Model	Style	License Plate	State	Expire. Date	Vehicle Identification Number (VIN)

Registered Owner	Address	City	State	Zip Code

THE UNDERSIGNED CERTIFIES THAT:

ON

Date	Time	SPEED:	Approx	Posted	R&P	Speed Measurement Device	Equipment Number	Direction Of Travel	Lane
								W	

AT

On-Highway	Highway	Milepost	Location	Precinct	County	STATE OF ARIZONA

THE DEFENDANT COMMITTED THE FOLLOWING:

A

Section	Statute	Violation	☐ Domestic Violence Case

Docket Number	Disposition Codes	Disposition Date	Sanction	☐ Criminal ☐ Criminal Traffic ☐ Civil Traffic ☐ Petty Offense

B

Section	Statute	Violation	☐ Domestic Violence Case

Docket Number	Disposition Codes	Disposition Date	Sanction	☐ Criminal ☐ Criminal Traffic ☐ Civil Traffic ☐ Petty Offense

C

Section	Statute	Violation	☐ Domestic Violence Case

Docket Number	Disposition Codes	Disposition Date	Sanction	☐ Criminal ☐ Criminal Traffic ☐ Civil Traffic ☐ Petty Offense

D

Section	Statute	Violation	☐ Domestic Violence Case

Docket Number	Disposition Codes	Disposition Date	Sanction	☐ Criminal ☐ Criminal Traffic ☐ Civil Traffic ☐ Petty Offense

E

Section	Statute	Violation	☐ Domestic Violence Case

Docket Number	Disposition Codes	Disposition Date	Sanction	☐ Criminal ☐ Criminal Traffic ☐ Civil Traffic ☐ Petty Offense

You Must Appear At:

Court	Court No.	AT THE DATE AND TIME INDICATED:	Date	Time
CAREFREE-CAVE CREEK MC	0767			

Court Phone No.	Business Address	City, State, Zip Code
(480) 488-1689	37622 N. CAVE CREEK RD., SUITE B	CAVE CREEK AZ 85331

CRIMINAL: ☐ Without admitting guilt, I promise to appear as directed herein.

CIVIL: ☐ Without admitting responsibility, I acknowledge receipt of this complaint.

X _____

☐ VICTIM? ☐ VICTIM NOTIFIED? ☐ FINGERPRINTED? ☐ IN CUSTODY

I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.

COMPLAINANT BADGE NO. LOCATION CODE

I hereby certify that the information contained herein is a true and correct abstract of the record in this case.

JUDGE _____

BY: _____ Clerk of the Court

DATE: _____