

Citation Number

## Arizona Traffic Ticket and Complaint

|  |               |  |   |                     |  |   |                             |                  |   |
|--|---------------|--|---|---------------------|--|---|-----------------------------|------------------|---|
| <b>Complaint No.</b>   | SSN           | Military   | <input type="checkbox"/> Accident <input type="checkbox"/> Fatality |                     | <input type="checkbox"/> Commercial  |   | Agency Use or Report Number |                  |   |
| Driver's License Number  | State         | Class  | Endorsements  |                     |  |   |                             | Agency Use       |   |
|  |               |  | M   | H                   | N  | P   | T                           | X                | D |
| <b>DEFENDANT</b>   | First         | Middle   | Last  |                     |  |   |                             |                  |   |
| Residential / Commercial Address   |               |  | City  |                     | State  |   | ZIP                         | Telephone        |   |
| Mailing Address <input type="checkbox"/> SAME AS ABOVE   |               |  |   |                     |  |   |                             |                  |   |
| Sex  | Weight        | Height   | Eyes  | Hair                | Origin   | Date of Birth   | Restrictions                |                  |   |
| <b>VEHICLE</b>   | Color         | Year   | Make  | Model               | Style  | License Plate   | State                       | Expiration       |   |
| Registered Owner   |               |  |   |                     |  | Address   |                             |                  |   |
|  |               |  |   |                     |  | Vehicle Identification Number   |                             |                  |   |
| <b>The undersigned certifies that:</b>   |               |  |   |                     |  |   |                             |                  |   |
| <b>ON</b>  | Month         | Day  | Year  | Time                | AM<br>PM   | <b>SPEED</b>  | Approx.                     | Posted           |   |
| <b>AT</b>  | Location      |  |   |                     |  | Insert Name of Town or County   |                             | State of Arizona |   |
| Beat   |               |  |   |                     |  |   |                             |                  |   |
| <b>The defendant committed the following:</b>  |               |  |   |                     |  |   |                             |                  |   |
| <b>A</b>   | Section       | ARS<br>CC  | Violation   |                     |  | Domestic Violence <input type="checkbox"/>  |                             |                  |   |
|  | Docket Number |  | Disp. Codes   | Date of Disposition | Sanction   | <input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic<br><input type="checkbox"/> Municipal Code<br><input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense |                             |                  |   |
| <b>B</b>   | Section       | ARS<br>CC  | Violation   |                     |  | Domestic Violence <input type="checkbox"/>  |                             |                  |   |
|  | Docket Number |  | Disp. Codes   | Date of Disposition | Sanction   | <input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic<br><input type="checkbox"/> Municipal Code<br><input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense |                             |                  |   |
| <b>C</b>   | Section       | ARS<br>CC  | Violation   |                     |  | Domestic Violence <input type="checkbox"/>  |                             |                  |   |
|  | Docket Number |  | Disp. Codes   | Date of Disposition | Sanction   | <input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic<br><input type="checkbox"/> Municipal Code<br><input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense |                             |                  |   |
| <b>D</b>   | Section       | ARS<br>CC  | Violation   |                     |  | Domestic Violence <input type="checkbox"/>  |                             |                  |   |
|  | Docket Number |  | Disp. Codes   | Date of Disposition | Sanction   | <input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic<br><input type="checkbox"/> Municipal Code<br><input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense |                             |                  |   |
| <b>E</b>   | Section       | ARS<br>CC  | Violation   |                     |  | Domestic Violence <input type="checkbox"/>  |                             |                  |   |
|  | Docket Number |  | Disp. Codes   | Date of Disposition | Sanction   | <input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic<br><input type="checkbox"/> Municipal Code<br><input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense |                             |                  |   |
| <b>You must appear at ►</b>  |               | (Insert here the place of appearance; title and name of Court, Judge, or Juvenile Referee or officer, street address, city or town, Arizona, and court or room number, if applicable; and time of appearance, hour, day, month, and year.) |   |                     |  |   | Court Number:               |                  |   |
| <b>At the date and time indicated ►</b>  |               | Month  | Day   | Year                | Time   | AM<br>PM  |                             |                  |   |
| CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon.<br>CIVIL <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint |               |  |   |                     | VICTIM? <input type="checkbox"/> VICTIM NOTIFIED? <input type="checkbox"/><br>TEN-PRINT FINGERPRINT <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             |                  |   |
| <b>X</b> _____   |               |  |   |                     | I certify that upon reasonable grounds I believe the defendant committed the above violations and I have served a copy of this complaint upon the defendant. |   |                             |                  |   |
|  |               |  |   |                     | Officer _____ Number _____   |   |                             |                  |   |
| Agency Use   |               |  |   |                     |  |   |                             |                  |   |

Front Side of Original Complaint