



UNIFORM CITATION

STATE OF MISSOURI		COUNTY		DIVISION	
IN THE CIRCUIT COURT OF Howell				Municipal	
COURT ADDRESS (STREET, CITY, ZIP)					
PO Box 249, 1910 Holiday Lane, West Plains MO 65775					
COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		COURT PHONE NO.	
				(417) 256-6154	
I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:					
ON/ABOUT (DATE)	AT TIME	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
	HRS				
WITHIN CITY/COUNTY AND STATE AFORESAID,					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	AGE	RACE	SEX	HEIGHT	WEIGHT
DRIVER'S LIC. NO.			CDL	STATE	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
LEAVE THIS LINE BLANK					
EMPLOYER					
ADDRESS (STREET, CITY, STATE, ZIP)					
DID UNLAWFULLY		<input type="checkbox"/> OPERATE/DRIVE	<input type="checkbox"/> PARK	<input type="checkbox"/> C.M.V.	<input type="checkbox"/> WITH HAZ MAT
VEHICLE	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT		L I C NUMBER	STATE	YEAR
	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:				
<input type="checkbox"/> Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)					
DRIVING	POSTED SPEED LIMIT	DETECTION METHOD			
MPH	MPH	<input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE			
IN VIOLATION OF		CHARGE CODE		<input type="checkbox"/> IN FATAL ACCIDENT	
<input type="checkbox"/> RSMo <input type="checkbox"/> ORD				<input type="checkbox"/> IN ACCIDENT	
SEAT BELT VIOLATION:	<input type="checkbox"/> ORD <input type="checkbox"/> RSMo	CHARGE CODE		<input type="checkbox"/> DWI/BAC	
OFFICER	BADGE	TRP/ZONE	DATE		
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY: <input type="checkbox"/> RSMo <input checked="" type="checkbox"/> ORD					
PROSECUTOR'S SIGNATURE				DATE	
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.					DR. LIC. POSTED
SIGNATURE X					<input type="checkbox"/> YES <input type="checkbox"/> NO

MO 100-0051 (10-02)

ABSTRACT OF COURT RECORD