

# Uniform Citation and Complaint

Citation Number: \_\_\_\_\_

Date of Offense:	Time of Offense:	IR/Case#:	Troop/District/Sector:
<b>Plaintiff: State of Nebraska</b>		<b>In the</b>	<b>County Court</b>
			Court Case #:

**Defendant Information:**

Last Name:		First Name:		M.I.:	Suffix:		Telephone Number: <input type="checkbox"/> Cell	
Street Address:			City:		State:	Zip Code:	Country:	
DOB.:	Gender:	Height:	Weight:	Eyes:	Hair:	Race/Eth:	Language if interpreter needed:	
DL State:	DL Country:	DL Number:		Exp. Date:	DL Class:	Restrictions:	DL Endorsements:	
Vehicle Year:	Vehicle Type:	Vehicle Style:	Vehicle Make:	Vehicle Model:		Vehicle Color:		
Vehicle VIN:		Vehicle License:	State:	Country:	Reg. Year:	Plate Type:	CMV: Y / N / E	HazMat: Y / N
Carrier Name:				US DOT Number:		ICC Number:		
Business/ Address:			City:		State:	Zip Code:	Country:	

The undersigned being duly sworn, says the defendant, at the time and date shown, did unlawfully commit the following offense(s):

<b>Violation Location</b>	In the County of:	In the City of:	Hwy Type:	Hwy No.:	Hwy Sfx:	Mile Marker:
	Location at or near:					
	Latitude:			Longitude:		

Did unlawfully commit the following offense:				PRS:	
A <input type="checkbox"/> Speeding ____ MPH in ____ Zone	D <input type="checkbox"/> No Valid Registration _____	J <input type="checkbox"/> Follow Too Closely _____			
V A C R M	E <input type="checkbox"/> Other _____	K <input type="checkbox"/> Improper Passing _____			
	F <input type="checkbox"/> Violated Traffic Signal _____	L <input type="checkbox"/> No Operator's License _____			
B <input type="checkbox"/> D.U.I. _____	G <input type="checkbox"/> Violated Stop Sign _____	M <input type="checkbox"/> On Person _____			
C <input type="checkbox"/> Negligent Driving (City Ordinance Violation): _____	H <input type="checkbox"/> Failure to Yield ROW <input type="checkbox"/> Veh <input type="checkbox"/> Ped _____	N <input type="checkbox"/> No Seat Belts _____			
		O <input type="checkbox"/> No Proof Insurance _____			
OTHER OFFENSE				STATUTE/ORD.	

Reporting Officer 1/Agency:	Date:	Badge No.:	Reporting Officer 2/Agency:	Date:	Badge No.:
Prosecutor			Your <b>Court Appearance</b> : <input type="checkbox"/> To be determined		
<b>X</b>			am pm		
Date: mm / dd / yy				Time:	
Court Address:					Room No.

This is an appearance only, not a trial date. I promise that I will appear in court at the above time and place. **X**

**Your Signature is not an admission of guilt, but a promise to appear. Failure to comply with the terms of this citation is punishable by jail or fine or both and may result in suspension of your operator's license.**

\* Optional Contact Information: Cell Phone Number: \_\_\_\_\_ Carrier: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\*By providing this optional contact information you acknowledge that the court may contact you by text message or by e-mail.

<input type="checkbox"/> You <b>MUST</b> appear in court as directed above  <input type="checkbox"/> Waiver Allowed. –You have the right to a trial and may appear in court as directed above. <b>OR</b> You are allowed to plead guilty to this offense without appearing in court. If you choose to plead guilty, you may pay a fine of \$_____, costs of \$_____, and liquidated damages of: \$_____ for a total of \$_____.	<b>See back for important information.</b>
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