

Uniform Citation and Complaint

Citation Number: _____

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

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

In violation of:

O F F E N S E 0 0 1	Statute/Ordinance section:		Offense Description:			Violation Type:	
	Speed:	_____ mph in _____ mph Zone	Tracked:	NCIC Code:	BAC Pct:	Actual Wt.:	Legal Wt.:
	Offense Comments:				Fine:	Lbs OverWt.:	Pct. OverWt.:
					Liquidated Damages Amount:	A check means "Yes" Road Construction Zone <input type="checkbox"/> School Zone <input type="checkbox"/>	

Reporting Officer 1/Agency:	Date:	Badge No.:	Reporting Officer 2/Agency:	Date:	Badge No.:
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This is an appearance only, not a trial date. if you choose to appear in court, report to the below named court on:		Prosecutor	
Your Court Appearance : <input type="checkbox"/> To be determined		Court Address:	
Date: mm / dd / yy Time: am pm		Room No.	

I promise that I will appear in court at the above time and place.

Signature of Defendant : _____ Date: _____

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.

You have the right to a trial and may appear in court as directed above. **OR** 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 \$ _____.

SEE THE NEXT PAGE FOR IMPORTANT INFORMATION

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Defendant Information:

Last Name:	First Name:	M.I.:	Suffix:	Telephone Number:	<input type="checkbox"/> Cell
Street Address:	City:	State:	Zip Code:	Country:	

NOTE TO THE DEFENDANT: READ THE FOLLOWING CAREFULLY.

IF YOU ARE NOT A UNITED STATES CITIZEN, YOU ARE HEREBY ADVISED THAT CONVICTION OF THE OFFENSE FOR WHICH YOU HAVE BEEN CHARGED MAY HAVE THE CONSEQUENCES OF REMOVAL FROM THE UNITED STATES, OR DENIAL OF NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.

You are allowed to waive your rights, plead guilty, and pay the established fine, costs, and liquidated damages for this offense without appearing in court. You may, if you wish, appear in court and contest this matter. If you sign this form, you will give up the following rights:

1. To have an attorney assist you in preparation of your defense and to represent you in court; you may be entitled to an attorney at public expense if you cannot afford one.
2. To have the complaint read to you and to be informed of the possible penalties in the event of your conviction.
3. To have a trial before a judge, or in certain cases, a jury.
4. To have sufficient time to prepare your defense.
5. To confront and cross-examine witnesses against you.
6. To require witnesses to attend court and testify on your behalf.
7. To remain silent and not make any statement concerning the circumstances surrounding this violation.
8. To testify in your own behalf.
9. To require the prosecution to prove you guilty beyond a reasonable doubt.
10. To appeal any final decision or order of the court.

If this Waiver of Appearance and Plea of Guilty is accepted, the Court will enter a judgment of conviction finding you guilty as charged, and, where applicable, points will be assessed against your driving record.

I waive the above rights and plead guilty to the offense(S) charged on this citation. Payment for the fine, costs, and liquidated damages is enclosed.

DATE: _____ DEFENDANT'S SIGNATURE: ► _____
 e- mail address (if available): _____

PAYMENT INSTRUCTIONS

1. Sign this form and send it with your payment to the Clerk of the County Court listed on the front of this citation. You must pay the total of fine, costs, and liquidated damages. **DO NOT SEND CASH THROUGH THE MAIL.**
2. Access the Web site of <https://nebraska.gov/courts/citations/> to waive your rights, plead guilty to the offense(s) charged and pay with credit/debit card electronically.
3. You may pay in person at the office of the County Court.

DEADLINE: Payment must be received **BEFORE** the date of the court appearance shown on the other side of this citation. If you choose to plead not guilty, or if you wish to appear in court, you must be in court on the date and time shown so a trial date can be set.

THERE ARE SERIOUS PENALTIES FOR IGNORING THIS CITATION. YOU MUST PAY IT OR APPEAR IN COURT.