

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
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:

OFFENSE	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"/>	

PRS:	Custodial Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No		Attached Ticket #:			
<input type="checkbox"/> Search Incident to Arrest	<input type="checkbox"/> Search Conducted		<input type="checkbox"/> K-9 Utilized			
<input type="checkbox"/> Probable Cause	<input type="checkbox"/> Verbal Consent		<input type="checkbox"/> Contraband Located			
<input type="checkbox"/> Consent	<input type="checkbox"/> Written Consent		<input type="checkbox"/> Arrest Made			
	<input type="checkbox"/> Consent Refused		<input type="checkbox"/> No Contraband Located			
Reporting Officer 1/Agency:	Date:	Badge No.:	Reporting Officer 2/Agency:	Date:	Badge No.:	
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:		Room No.	
Date: mm / dd / yy Time: am pm						
I promise that I will appear in court at the above time and place.			X			

Officer Comments:	
Narrative to the Prosecutor: (<input type="checkbox"/> Additional Reports Anticipated)	
Optional Contact Information:	Cell Phone Number: _____ Carrier: _____ E-mail Address: _____

Officer Copy

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