

2012 Oregon Uniform Citation (UC) Form 1 (Ticket size needed 8" by 5)

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ ORS 153.045 or 133.069

COMPLAINT

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
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STATE OF OREGON _____) Docket No. _____
 CITY/OTHER PUBLIC BODY _____) Court: Municipal Justice
 COUNTY OF _____) Juvenile Circuit

DEFENDANT	THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:							
	ID Type: <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL		ID No:		State:		License Class:	
	Name: Last		First		MI			
	Address:				Tel No:			
	City:		State:		Zip Code:		Def. is: <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive <input type="checkbox"/> _____	
	Sex:	Race:	DOB:	Height:	Weight:	Hair:	Eyes:	

Reserved for
for DA use:

TIME/PLACE	AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:									
	Offense Date				Month	Day	Year	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Highway <input type="checkbox"/> _____
	on or about:								<input type="checkbox"/> Premises open to public	
At or near Location:										

Reserved for
Court use:

REL. INFO	INVOLVING THE FOLLOWING:									
	Type:	Regis/VIN/ID No.			State:		<input type="checkbox"/> Accident <input type="checkbox"/> Injury		<input type="checkbox"/> Property damage <input type="checkbox"/> Endanger others	
	Vehicle year, make, model, style, color, OR Other, describe:									
Other: <input type="checkbox"/> Driver not Reg. Owner <input type="checkbox"/> Haz Material <input type="checkbox"/> Commercial Veh.										

OFFENSE(S)	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):									
	1. Violated (cite ORS/ORD/rule)		Describe		Alleged Spd		Designated Spd		<input type="checkbox"/> Posted Limit <input type="checkbox"/> VBR	<input type="checkbox"/> Radar <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> _____
	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state			<input type="checkbox"/> Safety Corridor <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wk Zn			1. Presumptive fine:			
	2. Violated (cite ORS/ORD/rule)		Describe							
	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						2. Presumptive fine:			
	3. Violated (cite ORS/ORD/rule)		Describe							
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						3. Presumptive fine:				

OTH.	Expl.								
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I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint:

Date Issued _____ 1st Officer Signature _____

Print 1st Officer Name: _____

2nd Officer or arresting person (if not officer): Signature: _____ Print name: _____

Officer(s) Agency ID: _____

1st Officer ID No: _____

2nd Officer ID No: _____

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE:		
Mo/Day/Year	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location:

2012 Oregon Uniform Citation (UC) Form 2 (Ticket size needed 8" by 5)

OREGON UNIFORM MOTOR CARRIER CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ ORS 153.045 or 133.069

COMPLAINT

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
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STATE OF OREGON _____) Docket No. _____
 CITY/OTHER PUBLIC BODY _____) Court: Municipal Justice
 COUNTY OF _____) Juvenile Circuit

DEFENDANT	THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:								
	ID Type: <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL		ID No:			State:		License Class:	
	Name: Last _____ First _____ MI _____								
	Address:						Tel No:		
	City:			State:		Zip Code:		Def. is: <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive <input type="checkbox"/> _____	
	Sex:	Race:	DOB:	Height:	Weight:	Hair:	Eyes:		

Reserved for DA use:

TIME/PLACE	AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:								
	Offense Date on or about: _____				Month _____ Day _____ Year _____		Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Highway <input type="checkbox"/> _____ <input type="checkbox"/> Premises open to public
At or near Location: _____									

Reserved for Court use:

REL. INFO	INVOLVING THE FOLLOWING:								
	Vehicle Registration No.		State	Veh. Yr.	Make	Model	<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Property damage <input type="checkbox"/> Endanger others <input type="checkbox"/> Hwy work zone		
	ODOT NO:		<input type="checkbox"/> Haz. Mat. <input type="checkbox"/> CDL Related		Commodity				
Owner		Address		City		State		Zip Code	

OFFENSE(S)	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):									
	1. Violated (cite ORS/ORD/rule)		Describe							
	<input type="checkbox"/> Overload <input type="checkbox"/> Axle <input type="checkbox"/> Tandem <input type="checkbox"/> Group <input type="checkbox"/> Permit Violation <input type="checkbox"/> Vehicle <input type="checkbox"/> Combination				Alleged Wt: _____ Wt. Limit:		1. Presumptive fine:			
	2. Violated (cite ORS/ORD/rule)		Describe							
	<input type="checkbox"/> Oversize <input type="checkbox"/> Width <input type="checkbox"/> Height <input type="checkbox"/> Length <input type="checkbox"/> Permit Violation <input type="checkbox"/> No ODOT Permit				Alleged Size: _____ Size Limit:		2. Presumptive fine:			
3. Violated (cite ORS/ORD/rule)		Describe								
							3. Presumptive fine:			

OTH.								Expl.	

I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

Date Issued _____ 1st Officer Signature _____

Print 1st Officer Name: _____

2nd Officer or arresting person (if not officer): Signature: _____ Print name: _____

Officer(s) Agency ID: _____
 1st Officer ID No: _____
 2nd Officer ID No: _____

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE:		
Mo/Day/Year	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location:

2012 Oregon Uniform Citation (UC) Form 3 (Ticket size needed 8" by 5)

OREGON UNIFORM BOATING CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ ORS 153.045 or 133.069

COMPLAINT

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
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STATE OF OREGON _____) Docket No. _____
 CITY/OTHER PUBLIC BODY _____) Court: Municipal Justice
 COUNTY OF _____) Juvenile Circuit

DEFENDANT	THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:								
	ID Type: <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL		ID No:			State:		License Class:	
	Name: Last _____ First _____ MI _____								
	Address:						Tel No:		
	City:			State:		Zip Code:		Def. is: <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive <input type="checkbox"/>	
	Sex:	Race:	DOB:	Height:	Weight:	Hair:	Eyes:		

TIME/PLACE	AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:									
	Offense Date _____				Month _____ Day _____ Year _____		Time _____		<input type="checkbox"/> AM <input type="checkbox"/> PM	
	on or about: _____								<input type="checkbox"/> Highway <input type="checkbox"/> _____ <input type="checkbox"/> Premises open to public	
At or near Location: _____										

REL. INFO	INVOLVING THE FOLLOWING:								
	Vessel Registration No:			Regis Expires: Mo _____ Day _____ Year _____			<input type="checkbox"/> Defendant not registered owner		
	Make _____		Length _____		Hull ID No.:		<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Property damage <input type="checkbox"/> Endanger others		

OPERATION	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S) (UP TO 3 OFFENSES):								
	Off# _____		<input type="checkbox"/> Speed/wake/motor <input type="checkbox"/> 830.180 <input type="checkbox"/> 830.185 <input type="checkbox"/> Radar <input type="checkbox"/> 250. _____ - _____				Designated:		Alleged:
<input type="checkbox"/> Towing without an observer <input type="checkbox"/> Water skiing or similar activity, 830.365 <input type="checkbox"/> Skier down flag									

EQUIPMENT	Off# _____		<input type="checkbox"/> Personal flotation device, 830.215 <input type="checkbox"/> Insufficient number <input type="checkbox"/> Not approved <input type="checkbox"/> Not accessible <input type="checkbox"/> Defective <input type="checkbox"/> No throwable				Persons:		PFDs:	
	<input type="checkbox"/> Navigation lights, 830.225 <input type="checkbox"/> Operating without <input type="checkbox"/> Improper									
	<input type="checkbox"/> Mufflers/excessive noise, 830.260 <input type="checkbox"/> Measured level <input type="checkbox"/> None/inadequate				Noise Level:		OAR 250-10-121			
<input type="checkbox"/> Fire extinguisher, 830.220 <input type="checkbox"/> Insufficient no. <input type="checkbox"/> Discharged <input type="checkbox"/> Not approved <input type="checkbox"/> Not accessible										

REITS.	Off# _____		<input type="checkbox"/> Certificate of Number 830.770: <input type="checkbox"/> Not aboard <input type="checkbox"/> Expired <input type="checkbox"/> Identifying Number 830.780: <input type="checkbox"/> Incorrect display <input type="checkbox"/> Not displayed <input type="checkbox"/> Not applied for 830.785				1. Presumptive Fine 1 st off: \$ _____			
	<input type="checkbox"/> Validation stickers, 830.795: <input type="checkbox"/> Incorrect or not displayed <input type="checkbox"/> Expired									
	Off# _____ <input type="checkbox"/> Other		Describe				3. Presumptive Fine 3 rd off: \$ _____			
OTH _____ Expl. _____										

I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint:

Date Issued _____ 1st Officer Signature _____
 Print 1st Officer Name: _____

Officer(s) Agency ID: _____
 1st Officer ID No: _____
 2nd Officer ID No: _____

2nd Officer or arresting person (if not officer): Signature: _____ Print name: _____

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE:

Mo/Day/Year	Time:	Location:
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Reserved for DA use:

Reserved for Court use:

2012 Oregon Uniform Citation (UC) Form 4 (Ticket size needed 8" by 5)

OREGON UNIFORM FISH/WILDLIFE CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ ORS 153.045 or 133.069

COMPLAINT

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
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STATE OF OREGON) Docket No. _____
 CITY/OTHER PUBLIC BODY) Court: Municipal Justice
 COUNTY OF _____) Juvenile Circuit

DEFENDANT	THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:							
	ID Type: <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL		ID No:		State:		License Class:	
	Name: Last _____ First _____ MI _____							
	Address:						Tel No:	
	City:				State:		Zip Code:	
	Def. is: <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive <input type="checkbox"/>							
Sex:	Race:	DOB:	Height:	Weight:	Hair:	Eyes:		

TIME/PLACE	AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:							
	Offense Date	Month	Day	Year	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Highway <input type="checkbox"/> _____ <input type="checkbox"/> Premises open to public	
	At or near Location:							

REL. INFO	INVOLVING THE FOLLOWING:							
	Boat/Vehicle Regis or License No:				State:		<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Property damage <input type="checkbox"/> Endanger others	
	Describe (year, make, model, length, color, other)							
	Hunting/Angling License No:				Unit No.		Stream No.	

OFFENSE(S)	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):							
	1. Violated (cite ORS/ ORD/rule)		Describe					
	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						1. Presumptive fine:	
	2. Violated (cite ORS/ ORD/rule)		Describe					
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						2. Presumptive fine:		

OTH.	Expl.							
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I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint:						Officer(s) Agency ID:	
Date Issued _____ 1 st Officer Signature _____						1 st Officer ID No:	
Print 1 st Officer Name:						2 nd Officer ID No.	
2 nd Officer or arresting person (if not officer): Signature: _____						Print name:	

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE:							
Mo/Day/Year		Time:		Location:			
		<input type="checkbox"/> AM <input type="checkbox"/> PM					

Reserved for DA use:

Reserved for Court use:

2012 Oregon Uniform Citation (UC) Form 5 (Ticket size needed 8" by 5)

OREGON UNIFORM CRIMINAL CITATION

Use for All Citable Crimes Where Separate Complaint Will Be/Has Been Filed/ ORS 133.068

CITATION

See Back of Summons	<input type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
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STATE OF OREGON _____)	Docket No. _____
CITY/OTHER PUBLIC BODY _____)	Court: <input type="checkbox"/> Municipal <input type="checkbox"/> Justice
COUNTY OF _____)	<input type="checkbox"/> Juvenile <input type="checkbox"/> Circuit

DEPENDANT	THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:						
	ID Type: <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL		ID No: _____		State: _____	License Class: _____	
	Name: Last _____			First _____		MI _____	
	Address: _____					Tel No: _____	
	City: _____			State: _____		Zip Code: _____	
	Sex: _____		Race: _____	DOB: _____	Height: _____	Weight: _____	Hair: _____

Reserved for DA use:

TIME/PLACE	AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:						
	Offense Date on or about:	Month	Day	Year	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Highway <input type="checkbox"/> _____ <input type="checkbox"/> Premises open to public
	At or near Location: _____						

Reserved for Court use:

OFFENSE(S)	DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):						
	1. Violated (cite ORS/ORD/rule)		Describe				
	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						
	2. Violated (cite ORS/ORD/rule)		Describe				
	<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state						
	3. Violated (cite ORS/ORD/rule)		Describe				
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence <input type="checkbox"/> No culpable mental state							

OTH	_____					
	Expl. _____					

I certify and swear/affirm under applicable law that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this citation:		Officer(s) Agency ID: _____
Date Issued _____	1 st Officer Signature _____	1 st Officer ID No: _____
Print 1 st Officer Name: _____		2 nd Officer ID No: _____

2 nd Officer or arresting person (if not officer):	Signature: _____	Print name: _____
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Complaint or information filed at time of citation: Yes No BY: _____

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE:

Mo/Day/Year	Time: _____	Location: _____
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

2012 Oregon Uniform Citation (UC) Form 6 Back of complaint/abstract pages of ALL citations.
 (Ticket size needed 8" by 5")

RECORD AND: Circuit Court Register Justice Court Docket Municipal Court Docket

HANDLED BY: VIOLATIONS BUREAU COURT **BASED ON:** WRITTEN SUBMISSION APPEARANCE

DATE	EVENT/NOTES	INITIAL
	COMPLAINT FILED	
	WRITTEN RESPONSE RECEIVED	
	ARRAIGNED <input type="checkbox"/> MISD. <input type="checkbox"/> VIOL <input type="checkbox"/> 161.566 OR <input type="checkbox"/> 161.568 (reduction)	
	SECURITY RELEASE AT: \$ _____ RECEIPT NO: _____	
	COURT/JURY TRIAL <input type="checkbox"/> (WAIVED)	
	CRIMINAL RIGHTS GIVEN	
	ATTORNEY: _____ OSB # _____ <input type="checkbox"/> (WAIVED)	
	WARRANT ORDERED: _____ ISSUED: _____	
	DIVERSION AGREEMENT: _____	
	CONTINUED TO: _____ REASON: _____	
	<input type="checkbox"/> ORS 135.355 CONDITIONAL PLEA	

The attached additions to this record/register are incorporated by reference, see page(s): 1 (by _____); 2 (by _____)

JUDGMENT OF THE COURT (SUBMIT ABSTRACT COPY UNDER ORS 153.111)

OFF #	RESPONSE/PLEA	CHANGE PLEA	FINDING	DETERMINATION	OFFENSE SITE	TYPE	CLASS
1	G NG NC FTA		G NG	C A Dism		V M	A B C D Oth
2	G NG NC FTA		G NG	C A Dism		V M	A B C D Oth
3	G NG NC FTA		G NG	C A Dism		V M	A B C D Oth

DISPOSITION: 137.533 Deferred Sentence Sent.Imp.Sus. Dr. Priv. Susp. _____ (Time) Conv. Spd. _____

JAIL: _____

Probation/Other: _____

The attached additions to this judgment are incorporated by reference, see page(s): 1 (by _____); 2 (by _____); 3 (by _____).

MONEY JUDGMENT	OFFENSE 1		OFFENSE 2		OFFENSE 3	
	IMPOSE	SUSPEND	IMPOSE	SUSPEND	IMPOSE	SUSPEND
FINE						
COSTS						
RESTITUTION						
TOTALS						

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED (FROM OFFENSES, 1, 2, AND 3) \$ _____

TERMS OF PAYMENT: _____

All moneys, including suspended moneys, **become due immediately** under ORS 153.090(4) if nonsuspended moneys not paid in accordance with terms of payment.

The attached additions to this MONEY judgment are incorporated by reference, see page(s): 1 (by _____); 2 (by _____).

Judgment Creditor: State of Oregon Other _____

Judgment Debtor: Defendant Other _____

Date

Signature of: Judge (Violations Clerk, where allowed)

2012 Oregon Uniform Citation (UC) Form 7 (Ticket size needed 8" by 5")

ISSUING OFFICER'S AFFIDAVIT

I hereby depose and state the following:

	Defendant Finger Print: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Defendant Finger Print: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
RELEVANT CONDITIONS:	Traffic: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy
Bad Road Surface: <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice	At Intersection: <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Drwy./Alley
Limited Visibility: <input type="checkbox"/> Night <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog	Area: <input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Residential
Other:	

I swear/affirm to the above-stated facts.

_____ Date _____ Officer Signature _____ ID No.
 Subscribed and sworn to before me this _____ day of _____, 2_____

 Clerk/Notary Public for Oregon
 My Commission expires: _____
 Date

2012 Oregon Uniform Citation (UC) Form 8 (Ticket size needed 8" by 5")

ISSUING OFFICER'S AFFIDAVIT

I hereby depose and state the following:

	Defendant Finger Print: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5							
	Defendant Finger Print: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> T <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5							
<table border="1"> <tr> <td style="width: 15%;"> WATER TRAFFIC <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy </td> <td style="width: 35%; text-align: center;"> GENERAL CONDITIONS </td> <td style="width: 50%;"> SITUATIONS </td> </tr> <tr> <td></td> <td> <table border="1"> <tr> <td style="width: 15%;"> LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted </td> <td style="width: 35%;"> VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain </td> </tr> </table> </td> <td> <input type="checkbox"/> Person <input type="checkbox"/> Boat <input type="checkbox"/> Other <input type="checkbox"/> Struck <input type="checkbox"/> Nearly struck <input type="checkbox"/> _____ </td> </tr> </table>	WATER TRAFFIC <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	GENERAL CONDITIONS	SITUATIONS		<table border="1"> <tr> <td style="width: 15%;"> LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted </td> <td style="width: 35%;"> VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain </td> </tr> </table>	LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted	VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain	<input type="checkbox"/> Person <input type="checkbox"/> Boat <input type="checkbox"/> Other <input type="checkbox"/> Struck <input type="checkbox"/> Nearly struck <input type="checkbox"/> _____
WATER TRAFFIC <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	GENERAL CONDITIONS	SITUATIONS						
	<table border="1"> <tr> <td style="width: 15%;"> LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted </td> <td style="width: 35%;"> VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain </td> </tr> </table>	LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted	VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain	<input type="checkbox"/> Person <input type="checkbox"/> Boat <input type="checkbox"/> Other <input type="checkbox"/> Struck <input type="checkbox"/> Nearly struck <input type="checkbox"/> _____				
LOCALE <input type="checkbox"/> Open <input type="checkbox"/> Restricted	VISIBILITY <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Dark <input type="checkbox"/> Rain							

I swear/affirm to the above-stated facts.

_____ Date _____ Officer Signature _____ ID No.

Subscribed and sworn to before me this _____ day of _____, 2_____

 Clerk/Notary Public for Oregon

My Commission expires: _____
 Date

2012 Oregon Uniform Citation (UC) Form 9, Back of summons copy of all uniform citation forms except Form 5, Ticket size needed 8" by 5"

A COMPLAINT WILL BE FILED AGAINST YOU IN THE COURT SHOWN ON THE FRONT OF THIS CITATION.

READ CAREFULLY

If the front of this citation shows you are charged with a:

A. **CRIME, YOU MUST APPEAR** at the court on the day and time written on the front.

B. **VIOLATION**, you must do one option listed below:

OPTION 1	Enter a plea of no contest and pay the court the amount of the presumptive fine written on the front of this citation. If the court accepts your plea, the court may not impose a fine that is more than the amount of the presumptive fine.
OPTION 2	Enter a plea of no contest and send a letter of explanation. You must do <u>all</u> of the following <u>before</u> the day and time this citation requires you to appear in court. If you respond by mail, the mail must arrive at the court before you are required to appear. 1. Sign/date here: _____ (signature), _____ (date); AND 2. Send or take to the court this citation and the full amount of the presumptive fine; AND 3. Attach a written statement explaining the circumstances of the violation(s) charged. IMPORTANT: If you choose this option, you will make a written appearance and waive your right to a trial. The court may consider your written statement when establishing the amount of the fine. The court cannot impose a fine that is less than the minimum fine amount. If the court finds you guilty, the court may keep all or part of the money you pay. The court will not fine you more without giving you notice to come to the court for a hearing.
OPTION 3	Enter a plea of not guilty and request a trial by doing <u>one</u> of the following: A. Go to the court on or before the day and time written on the front of this citation to plead not guilty and request a trial. B. Submit a written request for a trial by doing <u>all</u> of the following <u>before</u> the day and time this citation requires you to appear in court. If you respond by mail, the mail must arrive at the court before you are required to appear. 1. Sign/date here: _____ (signature), _____ (date); AND 2. Send or take to the court this citation by itself or with a written request for a trial. IMPORTANT: You have a right to a trial. The court will give you notice of the time and place when you MUST appear in person and may impose penalties if you do not appear. The court may require you to deposit money to assure your appearance if you failed to appear on any offense charges in the past. If the court finds at trial that you are guilty, the court cannot impose a fine that is less than the minimum fine amount. The court will not impose a fine if it finds you not guilty.
OPTION 4	Contact the court before the day and time this summons requires you to appear to determine if you qualify for a trial by affidavit. If so, the trial will be based upon sworn, written statements. Future court appearances may not be necessary. If you do not qualify or the court does not offer this option, you must comply with one of the other options listed above.

NOTICE

- IF YOU FAIL TO FOLLOW THESE INSTRUCTIONS, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST **and/or** may suspend your license if you fail to appear on a citation for a traffic offense.
- THE COURT MAY SEND YOU A NOTICE AND REQUIRE YOU TO APPEAR AT THE COURT FOR A HEARING.
- For traffic offenses, this record will be sent to the licensing authority of the state where you are licensed to drive to decide if a license suspension is appropriate.
- For violations, you must notify the court and the prosecuting attorney's office before you are required to appear in court if you are going to have an attorney represent you.
- For violations, if you do not pay the full presumptive fine amount in advance **and** do not appear, the court may enter a conviction and a judgment against you for more than the presumptive fine and up to the maximum penalty allowed by law for the charged offense(s) including the maximum fines, restitution, and other costs.

MAIL CORRESPONDENCE OR WRITTEN APPEARANCE AND MAKE CHECKS PAYABLE TO:

2012 Oregon Uniform Citation (UC) Form 10, Back of summons copy of Form 5
Ticket size needed 8" by 5"

You have been issued a citation for a crime as indicated on the front of this summons.

READ CAREFULLY

This citation is not a complaint or an information. A complaint or an information may be filed and you will be provided a copy thereof at the time of your first appearance. You MUST appear in court at the time set in the citation. IF YOU FAIL TO APPEAR AND A COMPLAINT OR INFORMATION HAS BEEN FILED, THE COURT WILL IMMEDIATELY ISSUE A WARRANT FOR YOUR ARREST.

The date and time when and location where you must appear are shown on the front of this summons.