

SUPREME COURT OF ARIZONA

In the Matter of) Arizona Supreme Court
) No. R-15-0009
REPEAL THE RULES OF PROCEDURE)
IN TRAFFIC CASES AND BOATING)
CASES; AMEND THE RULES OF)
PROCEDURE IN CIVIL TRAFFIC AND)
CIVIL BOATING CASES; AMEND RULES) **FILED 09/22/2015**
1, 2, and 3, RULES OF CRIMINAL)
PROCEDURE)
)
)
_____)

**ORDER AMENDING
ORDER OF AUGUST 27, 2015**

On August 27, 2015, the Court adopted a number of amendments to the Arizona Rules of Procedure in Civil Traffic and Civil Boating Cases. Among other things, a new Form 11 was added, entitled "Arizona Traffic Ticket and Complaint," and was included among other amendments in an attachment to the Order. Since the Order's filing, several discrepancies have been discovered between the form included with the Order and the form currently being used by law enforcement agencies, making it necessary to revise the form included with this Court's August 27 Order to make it consistent with the form currently in use.

IT IS ORDERED that this Court's August 27, 2015 Order is amended to substitute the form attached to this Order for Form 11,

entitled "Arizona Traffic Ticket and Complaint," attached to this Court's August 27 Order as part of the amendments to the Arizona Rules of Procedure in Civil Traffic and Civil Boating Cases.

DATED this 22nd day of September, 2015.

/s/
SCOTT BALES
Chief Justice

Arizona Supreme Court R-15-0009
Page **3** of **11**

TO:

Hon. Antonio F Riojas, Jr, Committee on Limited Jurisdiction
Courts

Tyler K Allen

Rule 28 Distribution List

(Here insert the name and symbol of the law-enforcement agency, city or town or court under whose authority arrest is made.)

Arizona Traffic Ticket and Complaint

Complaint No.		SSN		Military		<input type="checkbox"/> Accident <input type="checkbox"/> Fatality <input type="checkbox"/> Commercial <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Haz. Material		Agency Use or Report Number											
Driver's License Number		State		Class		Endorsements				Agency Use									
						M		H		N		P		T		X		D	
DEFENDANT		First				Middle				Last									
Residential / Commercial Address				City				State				ZIP		Telephone					
Mailing Address				<input type="checkbox"/> SAME AS ABOVE															
Sex		Weight		Height		Eyes		Hair		Origin		Date of Birth		Restrictions					
VEHICLE		Color		Year		Make		Model		Style		License Plate				State		Expiration	
Registered Owner										Address				Vehicle Identification Number					
The undersigned certifies that:																			
ON		Month	Day	Year	Time	AM	PM	SPEED		Approx.	Posted		R&P		Speed Measurement Device		Direction of Travel		
AT		Location										Insert Name of Town or County		State of Arizona		Beat			
The defendant committed the following:																			
A	Section		ARS CC		Violation						Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code						
	Docket Number				Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
B	Section		ARS CC		Violation						Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code						
	Docket Number				Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
C	Section		ARS CC		Violation						Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code						
	Docket Number				Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
D	Section		ARS CC		Violation						Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code						
	Docket Number				Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
E	Section		ARS CC		Violation						Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code						
	Docket Number				Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
You must appear at ▶		(Insert here the place of appearance ; title and name of Court, Judge, or Juvenile Referee or officer, street address, city or town, Arizona, and court or room number, if applicable; and time of appearance, hour, day, month, and year.)										Court Number:							
At the date and time indicated ▶		Month				Day				Year				Time		AM PM			
CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon. CIVIL <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint										VICTIM? <input type="checkbox"/>		VICTIM NOTIFIED? <input type="checkbox"/>							
X _____ I certify that upon reasonable grounds I believe the defendant committed the above violations and I have served a copy of this complaint upon the defendant.										TEN-PRINT FINGERPRINT <input type="checkbox"/> Yes <input type="checkbox"/> No									
										Officer _____				Number _____					
Agency Use																			

Front Side of Original Complaint

ARRAIGNMENT							SPECIAL NOTES		
Charges	Not Guilty	Not Responsible	No Contest	Guilty	Responsible	Defendant Signature*	<input type="checkbox"/> Possible Criminal Rule 11	<input type="checkbox"/> State Seeks Jail	
A							<input type="checkbox"/> Interpreter Required	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
B							<input type="checkbox"/> Attorney Notice of Appearance		
C							CONDITIONS OF RELEASE		
D							<input type="checkbox"/> Own Recognizance	<input type="checkbox"/> Plus Special Conditions, See Release Order	
E							<input type="checkbox"/> Bond / Deposit	Amount _____	

*By my signature, I hereby waive my right to trial, enter a plea of guilty or responsible for the violation and consent to judgment imposing the prescribed fine or civil sanction.

Set Review Hearing _____

Appoint Attorney _____

SETTINGS

Pretrial Set for _____ Trial Set for _____ Jury Bench _____ Civil Hearing Set for _____

Date / Judge's Initials _____

JUDGMENTS AND ORDERS OF THE COURT

A	B	C	D	E
<input type="checkbox"/> COP <input type="checkbox"/> No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Civil Hearing <input type="checkbox"/> Not Resp <input type="checkbox"/> Responsible	<input type="checkbox"/> COP <input type="checkbox"/> No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Civil Hearing <input type="checkbox"/> Not Resp <input type="checkbox"/> Responsible	<input type="checkbox"/> COP <input type="checkbox"/> No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Civil Hearing <input type="checkbox"/> Not Resp <input type="checkbox"/> Responsible	<input type="checkbox"/> COP <input type="checkbox"/> No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Civil Hearing <input type="checkbox"/> Not Resp <input type="checkbox"/> Responsible	<input type="checkbox"/> COP <input type="checkbox"/> No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Responsible <input type="checkbox"/> Civil Hearing <input type="checkbox"/> Not Resp <input type="checkbox"/> Responsible
TRIAL <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20

<input type="checkbox"/> See Minute Entry for Sentence Details <input type="checkbox"/> Probation _____ Months <input type="checkbox"/> Defendant Ordered Not to Return to: <input type="checkbox"/> Incident Location <input type="checkbox"/> Restitution <input type="checkbox"/> _____ <input type="checkbox"/> Fine / Sanction _____ <input type="checkbox"/> Suspend <input type="checkbox"/> Only if requirements are met <input type="checkbox"/> Pay _____ <input type="checkbox"/> By _____ At Rate Of _____ Beginning _____ <input type="checkbox"/> Or Proof of: <input type="checkbox"/> Community Services Total Hours _____ By _____ <input type="checkbox"/> Insurance By _____ <input type="checkbox"/> Registration By _____ <input type="checkbox"/> _____ By _____ <input type="checkbox"/> With Proof, Reduce Amount to be paid to: _____	<input type="checkbox"/> See Minute Entry for Sentence Details <input type="checkbox"/> Probation _____ Months <input type="checkbox"/> Defendant Ordered Not to Return to: <input type="checkbox"/> Incident Location <input type="checkbox"/> Restitution <input type="checkbox"/> _____ <input type="checkbox"/> Fine / Sanction _____ <input type="checkbox"/> Suspend <input type="checkbox"/> Only if requirements are met <input type="checkbox"/> Pay _____ <input type="checkbox"/> By _____ At Rate Of _____ Beginning _____ <input type="checkbox"/> Or Proof of: <input type="checkbox"/> Community Services Total Hours _____ By _____ <input type="checkbox"/> Insurance By _____ <input type="checkbox"/> Registration By _____ <input type="checkbox"/> _____ By _____ <input type="checkbox"/> With Proof, Reduce Amount to be paid to: _____	<input type="checkbox"/> See Minute Entry for Sentence Details <input type="checkbox"/> Probation _____ Months <input type="checkbox"/> Defendant Ordered Not to Return to: <input type="checkbox"/> Incident Location <input type="checkbox"/> Restitution <input type="checkbox"/> _____ <input type="checkbox"/> Fine / Sanction _____ <input type="checkbox"/> Suspend <input type="checkbox"/> Only if requirements are met <input type="checkbox"/> Pay _____ <input type="checkbox"/> By _____ At Rate Of _____ Beginning _____ <input type="checkbox"/> Or Proof of: <input type="checkbox"/> Community Services Total Hours _____ By _____ <input type="checkbox"/> Insurance By _____ <input type="checkbox"/> Registration By _____ <input type="checkbox"/> _____ By _____ <input type="checkbox"/> With Proof, Reduce Amount to be paid to: _____	<input type="checkbox"/> See Minute Entry for Sentence Details <input type="checkbox"/> Probation _____ Months <input type="checkbox"/> Defendant Ordered Not to Return to: <input type="checkbox"/> Incident Location <input type="checkbox"/> Restitution <input type="checkbox"/> _____ <input type="checkbox"/> Fine / Sanction _____ <input type="checkbox"/> Suspend <input type="checkbox"/> Only if requirements are met <input type="checkbox"/> Pay _____ <input type="checkbox"/> By _____ At Rate Of _____ Beginning _____ <input type="checkbox"/> Or Proof of: <input type="checkbox"/> Community Services Total Hours _____ By _____ <input type="checkbox"/> Insurance By _____ <input type="checkbox"/> Registration By _____ <input type="checkbox"/> _____ By _____ <input type="checkbox"/> With Proof, Reduce Amount to be paid to: _____	<input type="checkbox"/> See Minute Entry for Sentence Details <input type="checkbox"/> Probation _____ Months <input type="checkbox"/> Defendant Ordered Not to Return to: <input type="checkbox"/> Incident Location <input type="checkbox"/> Restitution <input type="checkbox"/> _____ <input type="checkbox"/> Fine / Sanction _____ <input type="checkbox"/> Suspend <input type="checkbox"/> Only if requirements are met <input type="checkbox"/> Pay _____ <input type="checkbox"/> By _____ At Rate Of _____ Beginning _____ <input type="checkbox"/> Or Proof of: <input type="checkbox"/> Community Services Total Hours _____ By _____ <input type="checkbox"/> Insurance By _____ <input type="checkbox"/> Registration By _____ <input type="checkbox"/> _____ By _____ <input type="checkbox"/> With Proof, Reduce Amount to be paid to: _____
Date of Disposition:				
Disposition Code:				
Fine:	Fine:	Fine:	Fine:	Fine:
Jail:	Jail:	Jail:	Jail:	Jail:

Date / Judge's Initials _____

AMENDMENT / DISMISSAL

A	B	C	D	E
On Motion of: <input type="checkbox"/> State <input type="checkbox"/> Defendant <input type="checkbox"/> Court <input type="checkbox"/> Amend _____ <input type="checkbox"/> Dismiss <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice	On Motion of: <input type="checkbox"/> State <input type="checkbox"/> Defendant <input type="checkbox"/> Court <input type="checkbox"/> Amend _____ <input type="checkbox"/> Dismiss <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice	On Motion of: <input type="checkbox"/> State <input type="checkbox"/> Defendant <input type="checkbox"/> Court <input type="checkbox"/> Amend _____ <input type="checkbox"/> Dismiss <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice	On Motion of: <input type="checkbox"/> State <input type="checkbox"/> Defendant <input type="checkbox"/> Court <input type="checkbox"/> Amend _____ <input type="checkbox"/> Dismiss <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice	On Motion of: <input type="checkbox"/> State <input type="checkbox"/> Defendant <input type="checkbox"/> Court <input type="checkbox"/> Amend _____ <input type="checkbox"/> Dismiss <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice

Date / Judge's Initials _____

(Here insert the name and symbol of the law-enforcement agency, city or town or court under whose authority arrest is made.)

Arizona Traffic Ticket and Complaint

Complaint No.		[REDACTED]		Military		<input type="checkbox"/> Accident <input type="checkbox"/> Fatality <input type="checkbox"/> Commercial <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Haz. Material		Agency Use or Report Number											
Driver's License Number		State		Class		Endorsements				Agency Use									
						M		H		N		P		T		X		D	
DEFENDANT		First				Middle				Last									
Residential / Commercial Address		City				State				ZIP		Telephone							
Mailing Address		<input type="checkbox"/> SAME AS ABOVE																	
Sex		Weight		Height		Eyes		Hair		Origin		Date of Birth		Restrictions					
VEHICLE		Color		Year		Make		Model		Style		License Plate		State		Expiration			
Registered Owner		Address				Vehicle Identification Number													
The undersigned certifies that:																			
ON		Month	Day	Year	Time	AM	PM	SPEED		Approx.	Posted	R&P	Speed Measurement Device		Direction of Travel				
AT		Location										County		State of Arizona	Beat				
The defendant committed the following:																			
A	Section		ARS CC		Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
	VIOLATION 1																		
B	Section		ARS CC		Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
	VIOLATION 2																		
C	Section		ARS CC		Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
	VIOLATION 3																		
D	Section		ARS CC		Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
	VIOLATION 4																		
E	Section		ARS CC		Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
	VIOLATION 5																		
You must appear at ►		(Insert here the place of appearance ; title and name of Court, Judge, or Juvenile Referee or officer, street address, city or town, Arizona, and court or room number, if applicable; and time of appearance, hour, day, month, and year.)								Court Number:									
At the date and time indicated ►		Month			Day			Year			Time		AM PM						
CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon. CIVIL <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint						VICTIM? <input type="checkbox"/> VICTIM NOTIFIED? <input type="checkbox"/> TEN-PRINT FINGERPRINT <input type="checkbox"/> Yes <input type="checkbox"/> No													
X _____						I certify that upon reasonable grounds I believe the defendant committed the above violations and I have served a copy of this complaint upon the defendant.													
						Officer _____						Number _____							
Agency Use																			
NOTICE TO DEFENDANT: THIS IS A TRUE COPY OF THE COMPLAINT WHICH WILL BE FILED IN COURT. YOU ARE ADVISED TO READ THE INSTRUCTIONS ON THE REVERSE. IF YOU APPEAR IN COURT, PLEASE BRING THIS COPY WITH YOU.																			

Front Side of Violator/Defendant Copy

IMPORTANT NOTICE TO DEFENDANT

The other side of this page is a true copy of the offense described in the complaint that will be filed in the designated court or hearing office.

The offense for which you have been cited is an Administrative Violation, a Civil Traffic Violation, a Criminal Offense, a Criminal Traffic Offense, or a Petty Offense. To determine which notice(s) applies to you, look at the box(es) checked under “the defendant committed the following” on the reverse side of this notice.

CIVIL TRAFFIC

If the Civil Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint, a default judgment will be entered against you, a civil sanction will be imposed, and your license will be suspended. Your driver’s license or nonresident operating privilege will remain suspended until the civil sanction is paid and you satisfy Motor Vehicle Division requirements (A.R.S. 28-1557[B][2]).

CRIMINAL OR PETTY OFFENSE

If the Criminal or Petty Offense box is checked, notice is hereby given that if you fail to appear in court as directed in this complaint, a warrant will be issued for your arrest (A.R.S. 13-3903[E]).

CRIMINAL TRAFFIC

If the Criminal Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint on a criminal charge, a warrant could be issued for your arrest and your license will be suspended (A.R.S. 28-1557[B][1]).

(The court, law enforcement agency or public body responsible for issuing the Arizona Traffic Ticket and Complaint may include any additional information considered necessary to the defendant regarding appearances, pleas, and payment of fines or civil sanctions.)

(Here insert the name and symbol of the law-enforcement agency, city or town or court under whose authority arrest is made.)

Arizona Traffic Ticket and Complaint

Complaint No.		SSN		Military		<input type="checkbox"/> Accident <input type="checkbox"/> Fatality <input type="checkbox"/> Commercial <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Haz. Material		Agency Use or Report Number					
Driver's License Number		State		Class		Endorsements				Agency Use			
						M H N P T X D							
DEFENDANT		First		Middle				Last					
Residential / Commercial Address		City		State		ZIP		Telephone					
Mailing Address		<input type="checkbox"/> SAME AS ABOVE											
Sex	Weight	Height	Eyes	Hair	Origin	Date of Birth		Restrictions					
VEHICLE		Color	Year	Make		Model	Style	License Plate		State	Expiration		
Registered Owner		Address					Vehicle Identification Number						
The undersigned certifies that:													
ON	Month	Day	Year	Time	AM PM	SPEED	Approx.	Posted	R&P	Speed Measurement Device		Direction of Travel	
AT	Location							County		State of Arizona	Beat		
The defendant committed the following:													
A	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense
	Docket Number		Disp. Codes		Date of Disposition		Sanction						
B	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense
	Docket Number		Disp. Codes		Date of Disposition		Sanction						
C	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense
	Docket Number		Disp. Codes		Date of Disposition		Sanction						
D	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense
	Docket Number		Disp. Codes		Date of Disposition		Sanction						
E	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense
	Docket Number		Disp. Codes		Date of Disposition		Sanction						
You must appear at ▶		(Insert here the place of appearance ; title and name of Court, Judge, or Juvenile Referee or officer, street address, city or town, Arizona, and court or room number, if applicable; and time of appearance, hour, day, month, and year.)							Court Number:				
At the date and time indicated ▶		Month		Day		Year		Time	AM PM				
CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon. CIVIL <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint						VICTIM? <input type="checkbox"/> VICTIM NOTIFIED? <input type="checkbox"/> TEN-PRINT FINGERPRINT <input type="checkbox"/> Yes <input type="checkbox"/> No							
X _____						I certify that upon reasonable grounds I believe the defendant committed the above violations and I have served a copy of this complaint upon the defendant.							
						Officer _____						Number _____	
Agency Use													

Front Side of Law Enforcement Copy

The reverse side of the Enforcement Copy may contain such information considered necessary by the court, law-enforcement agency or public body responsible for issuing the Arizona Traffic Ticket and Complaint

(Here insert the name and symbol of the law-enforcement agency, city or town or court under whose authority arrest is made.)

Arizona Traffic Ticket and Complaint

Complaint No.		SSN		Military		<input type="checkbox"/> Accident <input type="checkbox"/> Fatality <input type="checkbox"/> Commercial <input type="checkbox"/> Serious Physical Injury <input type="checkbox"/> Haz. Material		Agency Use or Report Number				
Driver's License Number		State		Class		Endorsements				Agency Use		
						M H N P T X D						
DEFENDANT		First		Middle				Last				
Residential / Commercial Address		City		State		ZIP		Telephone				
Mailing Address		<input type="checkbox"/> SAME AS ABOVE										
Sex	Weight	Height	Eyes	Hair	Origin	Date of Birth		Restrictions				
VEHICLE		Color	Year	Make		Model	Style	License Plate		State	Expiration	
Registered Owner		Address					Vehicle Identification Number					
The undersigned certifies that:												
ON	Month	Day	Year	Time	AM PM	SPEED	Approx.	Posted	R&P	Speed Measurement Device		Direction of Travel
AT	Location							County		State of Arizona	Beat	
The defendant committed the following:												
A	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic		
	Docket Number		Disp. Codes		Date of Disposition		Sanction	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
B	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic		
	Docket Number		Disp. Codes		Date of Disposition		Sanction	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
C	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic		
	Docket Number		Disp. Codes		Date of Disposition		Sanction	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
D	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic		
	Docket Number		Disp. Codes		Date of Disposition		Sanction	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
E	Section	ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal	<input type="checkbox"/> Criminal Traffic		
	Docket Number		Disp. Codes		Date of Disposition		Sanction	<input type="checkbox"/> Municipal Code	<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
You must appear at ►		(Insert here the place of appearance, title and name of Court, Judge, or Juvenile Referee or officer, street address, city or town, Arizona, and court or room number, if applicable; and time of appearance, hour, day, month, and year.)						Court Number:				
At the date and time indicated ►		Month		Day		Year		Time	AM PM			
CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon. CIVIL <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint						VICTIM? <input type="checkbox"/>		VICTIM NOTIFIED? <input type="checkbox"/>				
X _____						TEN-PRINT FINGERPRINT		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
						I hereby certify that the information contained herein is a true and correct abstract of the record in this case.						
						_____ Judge / Clerk _____ Date						
Agency Use												

The reverse side of the Court Report may contain the Disposition Code instructions for completing and forwarding the Court Report and such other information considered necessary by the court, law-enforcement agency or public body responsible for issuing the Arizona Traffic Ticket and Complaint.