

David K. Byers, Administrative Director
Administrative Office of the Courts
1501 W. Washington St., Ste. 411
Phoenix, AZ 85007
(602) 452-3301
Projects2@courts.az.gov

IN THE SUPREME COURT

STATE OF ARIZONA

PETITION TO AMEND RULE 37)	
OF THE ARIZONA RULES OF)	Supreme Court No. R-17-_____
COURT PROCEDURE FOR CIVIL)	
TRAFFIC AND CIVIL BOATING)	Request for Leave to File Late
VIOLATIONS)	Request for Expedited Consideration

Pursuant to Rule 28 of the Rules of the Supreme Court, David K. Byers, Administrative Director, Administrative Office of the Courts, respectfully petitions this Court to amend Rule 37 of the Arizona Rules of Court Procedure for Civil Traffic and Civil Boating Violations.

I. Background of the Proposed Form Amendments.

Recent changes in rules have prompted court administrators to identify a number of additional data elements that law enforcement could collect from a defendant and report on the ATTC that would improve time-to-disposition of court cases. Petitioner's requested additions are as follows:

1. The Court's Fair Justice for All Task Force has recommended courts find more ways to notify defendants of upcoming court dates and other deadlines to reduce defaults and avoid the serious consequences that can follow from a failure to appear or failure to pay.

Accordingly, Petitioner requests the Court add data fields to the ATTC for a defendant's email address and cell phone number. On the fourth page of the form, offenders are informed that providing a cell phone number will be equivalent to opting in to receive notices from the court by phone. Offenders are also notified that relief from the court may be available for financial hardship.

2. In Rule Petition No. R-15-0026, effective January 1, 2016, the Court amended Form 4(b) of the Arizona Rules of Criminal Procedure, the Release Questionnaire to be completed by a defendant, to include a question identifying whether the defendant needs a language interpreter. To improve administrative efficiencies, petitioner requests the addition of a new data field on the Arizona Traffic Ticket and Complaint form to allow for identification of a language preference for those defendants who are cited and released at the scene.

3. Also on page 4, we updated a statutory reference to A.R.S. § 13-3903 from subsection (E) to subsection (F), because it was renumbered by Laws 2009, Ch. 120, § 2 (HB 2449).

While the Task Force included a very comprehensive cross-section of the criminal justice community and many of the proposed form amendments were either specifically recommended or are designed to promote one or more Task Force recommendations, the specific language of this petition has not been circulated to the Task Force or to other criminal justice system stakeholders for comment before filing. Therefore, an opportunity for comment as part of the Court's expedited review is recommended.

II. Request for Leave to File Late.

As indicated above, the filing of this petition was prompted by concerns about accomplishing the goals of the Fair Justice for All Task Force in as expeditious a manner as possible. Amending the ATTC form to promote improved communications between courts and offenders both pre- and post-adjudication is urgent enough to request that the court permit the late filing of this petition, even though the 2017 deadline for filing rule petitions has passed.

III. Request for Expedited Consideration.

Pursuant to Rule 28(G) of the Rules of the Supreme Court, petitioner requests expedited consideration of this Petition, including immediate publication of this Petition for comments. Adoption of the proposed amendments at the Court's April, 2017 Rules Agenda will allow law enforcement agencies to modify their systems as soon as possible.

IV. Delayed Implementation Date Request.

Due to the many different court and law enforcement automation systems implicated by changes to the official form, Petitioner requests that the Court order the amended form be adopted effective immediately with implementation no later than January 1, 2018.

Petitioner has attached his amended Arizona Traffic Ticket and Complaint form in Appendix A. The proposed new data fields are underlined and highlighted.

Wherefore, Petitioner respectfully requests that the Court amend the Arizona Traffic Ticket and Complaint form 11 to the Rules of Court Procedure for Civil Traffic and Civil Boating Cases as proposed in Appendix A.

RESPECTFULLY SUBMITTED this 30th day of March, 2017.

By /s/
David K. Byers, Administrative Director
Administrative Office of the Courts
1501 W. Washington Street, Suite 411
Phoenix, AZ 85007
(602) 452- 3301
Projects2@courts.az.gov

APPENDIX A
(Additions are Underlined and Highlighted)

(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		
Interpreter Required? <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language						M	H	N	P	T	X	D
DEFENDANT		First		Middle				Last				
Residential / Commercial Address		City				State				ZIP		Telephone: (Cell Phone) <input type="checkbox"/>
Mailing Address		<input type="checkbox"/> SAME AS ABOVE										Email Address:
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"/> 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 Original Complaint

ARRAIGNMENT							SPECIAL NOTES <input type="checkbox"/> Possible Criminal Rule 11 <input type="checkbox"/> State Seeks Jail <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Attorney Notice of Appearance _____
Charges	Not Guilty	Not Responsible	No Contest	Guilty	Responsible	Defendant Signature*	
A							
B							
C							
D							
E							
*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.							

SETTINGS			
<input type="checkbox"/> Pretrial Set for _____	<input type="checkbox"/> Trial Set for _____	<input type="checkbox"/> Jury <input type="checkbox"/> Bench _____	<input type="checkbox"/> 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:

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				

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.

If you are required to pay fines, penalties, fees or other financial obligations as a result of this citation and you are unable to pay, bring this to the attention of court staff or the judge as payment over time or other alternatives may be available. Do not ignore the citation and the responsibility to pay as this may result in additional penalties and costs to you. For more information contact the court or an attorney, or visit the following website: [insert the appropriate website].

By providing your cell phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service.

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[F]).

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											
Interpreter Required? <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language						M		H		N		P		T		X		D					
DEFENDANT		First		Middle						Last													
Residential / Commercial Address				City				State				ZIP		Telephone: (Cell Phone) <input type="checkbox"/>									
Mailing Address <input type="checkbox"/> SAME AS ABOVE												Email Address:											
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 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																							

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	Agency Use or Report Number						
Driver's License Number	State	Class	Endorsements				Agency Use					
Interpreter Required? <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language			M	H	N	P	T	X	D			
DEFENDANT		First	Middle				Last					
Residential / Commercial Address						City	State	ZIP	Telephone: (Cell Phone) <input type="checkbox"/>			
Mailing Address						<input type="checkbox"/> SAME AS ABOVE				Email Address:		
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			
	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 _____						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												

Front Side of Court Report Copy

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.