

# Form 11. 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	
<b>DEFENDANT</b>		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				
<b>VEHICLE</b>		Color	Year	Make	Model	Style	License Plate	State	Expiration		
Registered Owner		Address				Vehicle Identification Number					
<b>The undersigned certifies that:</b>											
<b>ON</b>	Month	Day	Year	Time	AM PM	<b>SPEED</b>	Approx.	Posted	R&P	Speed Measurement Device	Direction of Travel
<b>AT</b>	Location							Insert Name of Town or County		State of Arizona	Beat
<b>The defendant committed the following:</b>											
<b>A</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 Non-Traffic	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense	
<b>B</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 Non-Traffic	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense	
<b>C</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 Non-Traffic	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense	
<b>D</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 Non-Traffic	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense	
<b>E</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 Non-Traffic	<input type="checkbox"/> Civil Traffic	<input type="checkbox"/> Petty Offense	
<b>You must appear at</b> ▶		(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:		
<b>At or before the date and time indicated</b> ▶		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		
					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.						
<b>X</b>					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.							<input type="checkbox"/> Set Review Hearing _____			
							<input type="checkbox"/> Appoint Attorney			

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
<b>TRIAL</b> <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	<b>TRIAL</b> <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	<b>TRIAL</b> <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	<b>TRIAL</b> <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury <input type="checkbox"/> Guilty <input type="checkbox"/> Bench <input type="checkbox"/> Grant Rule 20	<b>TRIAL</b> <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:	Date of Disposition:	Date of Disposition:	Date of Disposition:	Date of Disposition:
Disposition Code:	Disposition Code:	Disposition Code:	Disposition Code:	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.		Military		<input type="checkbox"/> Accident <input type="checkbox"/> Fatality <input type="checkbox"/> Serious Physical Injury		<input type="checkbox"/> Commercial <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							
<b>DEFENDANT</b>		First		Middle				Last															
Residential / Commercial Address				City				State				ZIP				Telephone: (Cell Phone)							
Mailing Address										<input type="checkbox"/> SAME AS ABOVE		Email Address:											
Sex		Weight		Height		Eyes		Hair		Origin		Date of Birth		Restrictions									
<b>VEHICLE</b>		Color		Year		Make		Model		Style		License Plate		State		Expiration							
Registered Owner						Address						Vehicle Identification Number											
<b>The undersigned certifies that:</b>																							
<b>ON</b>		Month		Day		Year		Time		AM PM		<b>SPEED</b>		Approx.		Posted		R&P		Speed Measurement Device		Direction of Travel	
<b>AT</b>		Location										County				State of Arizona		Beat					
<b>The defendant committed the following:</b>																							
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 Non-Traffic <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense											
		<b>VIOLATION 1</b>																					
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 Non-Traffic <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense											
		<b>VIOLATION 2</b>																					
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 Non-Traffic <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense											
		<b>VIOLATION 3</b>																					
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 Non-Traffic <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense											
		<b>VIOLATION 4</b>																					
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 Non-Traffic <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense											
		<b>VIOLATION 5</b>																					
<b>You must appear at</b> ▶		(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:											
<b>At or before the date and time indicated</b> ▶		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"/>											
<b>X</b> _____										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.													
Agency Use										Officer _____				Number _____									
<b>NOTICE TO DEFENDANT:</b> <b>THIS IS A TRUE COPY OF THE COMPLAINT WHICH WILL BE FILED IN COURT.</b> <b>YOU ARE ADVISED TO READ THE INSTRUCTIONS ON THE REVERSE.</b> <b>IF YOU APPEAR IN COURT, PLEASE BRING THIS COPY WITH YOU.</b>																							

**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 Civil Non-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, the Department of Transportation may refuse to renew the registration of a vehicle of which you are the registered owner, and your case may be sent to collections.

### **CIVIL NON-TRAFFIC**

If the Civil Non-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, and a civil penalty will be imposed.

### **CIVIL MARIJUANA VIOLATION IMMIGRATION ADVISEMENT**

Marijuana remains a controlled substance that is illegal to possess under federal law. As a result, a finding of responsibility for this infraction may impact your immigration status. For further information and advice you should consult an attorney.

### **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.)

**Reverse Side Violator/Defendant Copy**

**(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									
<b>DEFENDANT</b>		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									
<b>VEHICLE</b>		Color		Year		Make		Model		Style		License Plate		State		Expiration							
Registered Owner						Address						Vehicle Identification Number											
<b>The undersigned certifies that:</b>																							
<b>ON</b>		Month		Day		Year		Time		AM PM		<b>SPEED</b>		Approx.		Posted		R&P		Speed Measurement Device		Direction of Travel	
<b>AT</b>		Location										County		State of Arizona		Beat							
<b>The defendant committed the following:</b>																							
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 Non-Traffic											
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 Non-Traffic											
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 Non-Traffic											
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 Non-Traffic											
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 Non-Traffic											
<b>You must appear at ►</b>		(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:											
<b>At or before the date and time indicated ►</b>		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															
<b>X</b> _____								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 <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							
<b>DEFENDANT</b>		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							
<b>VEHICLE</b>		Color		Year		Make		Model		Style		License Plate		State    Expiration							
Registered Owner				Address				Vehicle Identification Number													
<b>The undersigned certifies that:</b>																					
<b>ON</b>		Month		Day		Year		Time		AM PM		<b>SPEED</b>		Approx.    Posted    R&P		Speed Measurement Device		Direction of Travel			
<b>AT</b>		Location										County		State of Arizona		Beat					
<b>The defendant committed the following:</b>																					
<b>A</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 Non-Traffic		<input type="checkbox"/> Civil Traffic		<input type="checkbox"/> Petty Offense						
<b>B</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 Non-Traffic		<input type="checkbox"/> Civil Traffic		<input type="checkbox"/> Petty Offense						
<b>C</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 Non-Traffic		<input type="checkbox"/> Civil Traffic		<input type="checkbox"/> Petty Offense						
<b>D</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 Non-Traffic		<input type="checkbox"/> Civil Traffic		<input type="checkbox"/> Petty Offense						
<b>E</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 Non-Traffic		<input type="checkbox"/> Civil Traffic		<input type="checkbox"/> Petty Offense						
<b>You must appear at</b> ▶		(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:									
<b>At or before the date and time indicated</b> ▶		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"/>							
<b>X</b> _____												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.