

STATE OF OHIO \_\_\_\_\_ TICKET # \_\_\_\_\_  
 City  Village  Township  
CASE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>OPERATOR LICENSE / STATE ID#</b> <input type="checkbox"/> None*		<b>BIRTH DATE</b>	<b>ISSUE DATE</b>	<b>STATE</b>
<b>CLASS</b>	<b>EXPIRES</b>	<b>ENDORSEMENT(S)/RESTRICTION(S)</b>		<b>SS# (last 4 digits)</b>
		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other		
<b>SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYES</b>	<b>HAIR</b>
				<b>RACE</b>
<b>FINANCIAL RESPONSIBILITY PROOF?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
* If no OL/State ID; <b>REQUIRED</b> documentation attached:				<input type="checkbox"/> Yes

**TO DEFENDANT: COMPLAINT** ON \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ Am/PM, YOU Operated/Passenger/Parked/Walked a  Passenger  Motorcycle  Bicycle  Other \_\_\_\_\_  
 Commercial DOT# \_\_\_\_\_  ≥26,001 lbs.  <16 Pass. Bus  ≥16 Pass. Bus  Haz. Mat.  
 VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
 COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
 UPON A PUBLIC HIGHWAY, NAMELY \_\_\_\_\_  
 AT/NEAR \_\_\_\_\_ (M.P. \_\_\_\_\_ )  
 IN THE \_\_\_\_\_ OF \_\_\_\_\_ IN \_\_\_\_\_  
 COUNTY (NO.), \_\_\_\_\_ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/> <b>SPEED:</b> _____ MPH in _____ MPH zone <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
<input type="checkbox"/> <b>OVI:</b> <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
Prior OVIs: <table border="1"> <tr> <th># of prior OVIs</th> <th>Years of prior OVIs</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	# of prior OVIs	Years of prior OVIs			
# of prior OVIs	Years of prior OVIs				
<input type="checkbox"/> <b>DRIVER LICENSE:</b> <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
<input type="checkbox"/> <b>SAFETY BELT:</b> Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
<input type="checkbox"/> <b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
<input type="checkbox"/> <b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.				
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER					
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy # of Lanes _____ <input type="checkbox"/> Construction Zone					
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn					
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse					
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None					
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School					
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal					
Crash Report Number: _____					
REMARKS: _____					
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES _____					

**TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED**  Yes  No  
 You are summoned and ordered to appear on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ Am/PM,  
 in \_\_\_\_\_ Court, at \_\_\_\_\_

If you fail to appear at this time and place you may be arrested or your license may be cancelled.  
 This summons served personally on the defendant on \_\_\_\_\_ 20\_\_\_\_  
 The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

COURT CODE	UNIT	POST	DISTRICT

Charging Law Enforcement Officer \_\_\_\_\_  
 Issuing Law Enforcement Officer  SAME AS ABOVE  
 Issuing Officer: Verify address. If different from license address, write present address in space provided.

PRESENT ADDRESS SIGNATURE X CO. RES. PHONE ( )

Defendant's Attorney \_\_\_\_\_

Name / Address / Telephone \_\_\_\_\_

DATE	COURT ACTION: ORDERS
	BAIL
	<input type="checkbox"/> <b>No Bail</b> - Defendant cited and released. <input type="checkbox"/> <b>Bail</b> in the amount of \$ _____ set by Judge pursuant to bail schedule.

BOND AMOUNT	BOND TYPE
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal <input type="checkbox"/> 10% <input type="checkbox"/> AAA/Insurance Bond <input type="checkbox"/> Unsecured <input type="checkbox"/> Surety <input type="checkbox"/> O.L. Held <input type="checkbox"/> Other _____

Depositor: \_\_\_\_\_  
 Name / Address / Telephone \_\_\_\_\_  
 Defendant released upon execution of Bail as noted: \_\_\_\_\_ See Bond forms – received by \_\_\_\_\_

CONTINUANCE Requester:	New DATE
CONTINUANCE Reason: _____	
_____	
_____	
<input type="checkbox"/> Defendant Failed to Appear <input type="checkbox"/> Order Supplemental Summons to New Date <input type="checkbox"/> Order Operator's License Forfeiture <input type="checkbox"/> Bond Forfeiture <input type="checkbox"/> Order Warrant: Bond Amount \$ _____ <input type="checkbox"/> Summons Issued    Served DATE: _____ <input type="checkbox"/> Warrant Issued    Executed DATE: _____	

Judge/Magistrate \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**COURT ENTRY**

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
Initial Plea					
Trial Date					
Finding					
Fine \$					
Costs \$					
Jailtime (Days)					
SUSPENDED					
Fines \$					
Costs \$					
Jailtime (Days)					

**ADDITIONAL ORDERS**

- If **OVI conviction**: 72 hour program permitted in lieu of jail.
- Defendant's License is **SUSPENDED** for \_\_\_\_\_ days / month(s) / year(s), which shall commence on \_\_\_\_\_ and end on \_\_\_\_\_
- Defendant is granted **Limited Driving Privileges** as follows, effective: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Defendant to pay fines on **Payment Program** – see separate entry.
- If **WAIVERED**:  MET Requirements of Waiver     PAID Fines and Costs     ACCEPTED Guilty Plea(s)  
 MADE Guilty Finding(s). Imposed FINES and COSTS noted below.

Judge/Magistrate \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR CLERK'S USE	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
Fines \$					
Costs - Local \$					
Costs - State \$					
<b>TOTAL \$</b>					
Receipt #(s)					

- If **WAIVERED**: Guilty Plea(s), Waiver(s) and Payments made:  In Person     By Mail  
 Receipt supplied to defendant:  In Person     Check is receipt     By Mail via USPS FIRST CLASS LETTER RATE  
 Waiver reviewed, found to be correct and approved.    mail to defendant's present address.
- Financial Responsibility **PROOF SHOWN**
- NO** Financial Responsibility **PROOF**: Clerk to notify BMV
- Financial Responsibility **PROOF NOT APPLICABLE**

Clerk / Violations Clerk / Deputy Clerk

DATE Abstract Mailed to BMV \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE Mayor's Court Transfer/Notice of Appeal \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COURT \_\_\_\_\_ COUNTY, OHIO

STATE OF OHIO \_\_\_\_\_ TICKET # \_\_\_\_\_

City  Village  Township

CASE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>OPERATOR LICENSE / STATE ID#</b> <input type="checkbox"/> NONE*		<b>BIRTH DATE</b>		<b>ISSUE DATE</b>		<b>STATE</b>	
<b>CLASS</b>	<b>EXPIRES</b>	<b>ENDORSEMENT(S)/RESTRICTION(S)</b>			<b>SS# (last 4 digits)</b>		
		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other					
<b>SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYES</b>	<b>HAIR</b>	<b>RACE</b>	<b>FINANCIAL RESPONSIBILITY PROOF?</b>	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
* If no OL/State ID; <b>REQUIRED</b> documentation attached:						<input type="checkbox"/> Yes	

**TO DEFENDANT: COMPLAINT** ON \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ Am/PM, YOU

Operated/Passenger/Parked/Walked a  Passenger  Motorcycle  Bicycle  Other \_\_\_\_\_

Commercial DOT# \_\_\_\_\_  ≥26,001 lbs.  <16 Pass. Bus  ≥16 Pass. Bus  Haz. Mat.

VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

UPON A PUBLIC HIGHWAY, NAMELY \_\_\_\_\_

AT/NEAR \_\_\_\_\_ (M.P. \_\_\_\_\_)

IN THE \_\_\_\_\_ OF \_\_\_\_\_ IN \_\_\_\_\_

COUNTY (NO.), \_\_\_\_\_ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/> <b>SPEED:</b> _____ MPH in _____ MPH zone	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA	
<input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving	
<input type="checkbox"/> <b>OVI:</b> <input type="checkbox"/> Under the influence of alcohol/drug of abuse.	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC	
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	
Prior OVIs: # of prior OVIs _____ Years of prior OVIs _____	
<input type="checkbox"/> <b>DRIVER LICENSE:</b> <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate	
Suspension Type: _____	
<input type="checkbox"/> <b>SAFETY BELT:</b> Failure to wear	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	
<input type="checkbox"/> <b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
_____	
<input type="checkbox"/> <b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
_____	
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER	

Court Case \_\_\_\_\_ COURT NAME \_\_\_\_\_

Case # \_\_\_\_\_ FR SHOWN  YES  NO FR SHOWN - BMV to process.

If Bond Forfeiture, Speed OVI License Child Restraint

DATE FORFEITED: \_\_\_\_\_

CONVICTION DATE: \_\_\_\_\_

MOVING VIOLATION?	YES NO	YES NO	YES NO	NO	YES NO	YES NO
PLEA CODE						
POINTS ASSESSED						
BMV OFFENSE CODE						
IF AMENDED, OFFENSE CODE						
FATALITY						

License Suspended \_\_\_\_\_ days/months/years Effective: \_\_\_\_\_ to \_\_\_\_\_

Suspension Class \_\_\_\_\_

MO - Limited Driving Privileges Effective: \_\_\_\_\_ to \_\_\_\_\_

(See Separate Entry) Suspension is on Count: \_\_\_\_\_  FRA SUSPENSION

License Forfeiture - See separate BMV Form 2528

OL Confiscated - Date sent to BMV: \_\_\_\_\_

Other Information - See reverse side.

I hereby certify that the above statements are taken from the records of this Court.

Authorized Signature \_\_\_\_\_

DATE \_\_\_\_\_

Send completed copy to: Ohio Bureau of Motor Vehicles  
P.O. Box 16583  
Columbus, OH 43216-6583

**ABSTRACT OF COURT RECORD**

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ( )

FOR BMV USE

**Intentionally blank paper.**

COURT \_\_\_\_\_ COUNTY, OHIO

STATE OF OHIO \_\_\_\_\_ TICKET # \_\_\_\_\_

City  Village  Township

CASE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>OPERATOR LICENSE / STATE ID#</b> <input type="checkbox"/> None*		<b>BIRTH DATE</b>		<b>ISSUE DATE</b>		<b>STATE</b>	
<b>CLASS</b>	<b>EXPIRES</b>	<b>ENDORSEMENT(S)/RESTRICTION(S)</b>			<b>SS# (last 4 digits)</b>		
		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other					
<b>SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYES</b>	<b>HAIR</b>	<b>RACE</b>	<b>FINANCIAL RESPONSIBILITY PROOF?</b>	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
* If no OL/State ID; <b>REQUIRED</b> documentation attached:						<input type="checkbox"/> Yes	

**TO DEFENDANT: COMPLAINT** ON \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ Am/PM, YOU

Operated/Passenger/Parked/Walked a  Passenger  Motorcycle  Bicycle  Other \_\_\_\_\_

Commercial DOT# \_\_\_\_\_  ≥26,001 lbs.  <16 Pass. Bus  ≥16 Pass. Bus  Haz. Mat.

VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

UPON A PUBLIC HIGHWAY, NAMELY \_\_\_\_\_

AT/NEAR \_\_\_\_\_ (M.P. \_\_\_\_\_)

IN THE \_\_\_\_\_ OF \_\_\_\_\_ IN \_\_\_\_\_

COUNTY (NO.), \_\_\_\_\_ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	<b>SPEED:</b> _____ MPH in _____ MPH zone <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OVI:</b> <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
Prior OVIs:	# of prior OVIs: _____ Years of prior OVIs: _____	
<input type="checkbox"/>	<b>DRIVER LICENSE:</b> <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>SAFETY BELT:</b> Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER		
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy # of Lanes _____ <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn		
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse		
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None		
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal		
Crash Report Number: _____		
REMARKS: _____		
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES _____		

**TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED**  Yes  No

You are summoned and ordered to appear on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ Am/PM, in \_\_\_\_\_ Court, at \_\_\_\_\_

If you fail to appear at this time and place you may be arrested or your license may be cancelled.

This summons served personally on the defendant on \_\_\_\_\_ 20\_\_\_\_

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Charging Law Enforcement Officer \_\_\_\_\_

Issuing Law Enforcement Officer \_\_\_\_\_

SAME AS ABOVE

Issuing Officer: Verify address. If different from license address, write present address in space provided.

COURT CODE	UNIT	POST	DISTRICT

OSHP HP7

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ( )

**TO DEFENDANT: Read this material carefully.**

**Personal Appearance Required.**

If the officer marked this block on the face of the ticket, you must appear in court. Your appearance in court is required because the offenses cannot be processed by a traffic violations bureau.

**Failure to Appear and/or Pay:**

- The posting of bail or depositing your license as bond is to secure your appearance in court or the processing of the offenses through a traffic violations bureau. It is not a payment of fines or costs.
- If you do not appear at the time and place stated in the citation or if you do not timely process this citation through a traffic violations bureau, your license will be cancelled.
- Also, a warrant may be issued for your arrest and you may be subject to additional criminal penalties.

The following offenses require court appearance and may not be processed by a traffic violations bureau:

- Any indictable offense;
- Operating a vehicle under the influence of alcohol or any drug of abuse;
- Leave scene of accident;
- Driving while under suspension or revocation of driver's or commercial driver's license;
- Driving without being licensed to drive, except where the driver's or commercial driver's license has been expired for six months or less;
- A third moving traffic offense within 12 months;
- Passing a standing school bus;
- Willfully eluding or fleeing a police officer;
- Drag racing.

**Waiverable through traffic violations bureau.**

If you are charged with offenses other than those listed above, you may, at any time prior to arraignment, **plead guilty** to the offenses charged and dispose of the case without court appearance by:

- (1) appearing personally at the traffic violations bureau, signing the waiver printed below and paying the fines and costs or
- (2) signing the waiver printed below and mailing it and a check, money order, or other approved payment for the total of the fines and costs to the traffic violations bureau at the following address:

Traffic Violations Bureau Address: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE WARNING**

**Under Ohio law** you are required to show proof of financial responsibility or insurance. If you did not do so at the time of receiving this ticket, **you must submit proof** of insurance when you appear in court on these offenses.

**If you do not submit the required proof:**

- your driver's license will be suspended and
- you may be subject to additional fees and insurance sanctions.

If you have any questions regarding the **proof filing**, you may call the traffic violations bureau at the telephone indicated.

For information regarding your **Duty To Appear** or the **Fines and Costs** amount(s), call:

\_\_\_\_\_  
Telephone Number(s)

**Contested Case; Court Appearance Required.**

If you desire to **contest the offenses** or if court **appearance is required**, you must appear at the time and place stated in the summons.

**Notice to Defendant under age eighteen.**

You **must appear** before the Juvenile Court at the time and place determined by that Court. The Juvenile Court will notify you when and where to appear. This ticket will be filed with the Juvenile Court and may be used as a juvenile complaint.

\_\_\_\_\_  
Juvenile Court Address

For information regarding your **Duty to Appear** at Juvenile Court call:

\_\_\_\_\_  
Telephone Number(s)

**Guilty Pleas, No Contest Pleas, Waiver of Trial, Payment of Fines and Costs**

I, the undersigned defendant, do hereby enter my written pleas of guilty to the offenses charged in this ticket. I realize that by signing these guilty pleas, I admit my guilt of the offenses charged and waive my right to contest the offenses in a trial before the court or jury. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I have not been convicted of, pleaded guilty to, or forfeited bond for two or more prior moving traffic offenses within the last 12 months. I plead guilty to the offense(s) charged.

FINES \$ \_\_\_\_\_

  X    
Defendant's Signature

COSTS \$ \_\_\_\_\_

\_\_\_\_\_  
Address

TOTAL \$ \_\_\_\_\_

COURT \_\_\_\_\_ COUNTY, OHIO

STATE OF OHIO \_\_\_\_\_ TICKET # \_\_\_\_\_

City  Village  Township

CASE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

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<b>OPERATOR LICENSE / STATE ID#</b> <input type="checkbox"/> None*		<b>BIRTH DATE</b>		<b>ISSUE DATE</b>		<b>STATE</b>	
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		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other					
<b>SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYES</b>	<b>HAIR</b>	<b>RACE</b>	<b>FINANCIAL RESPONSIBILITY PROOF?</b>	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
* If no OL/State ID; <b>REQUIRED</b> documentation attached:						<input type="checkbox"/> Yes	

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Operated/Passenger/Parked/Walked a  Passenger  Motorcycle  Bicycle  Other \_\_\_\_\_

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VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

UPON A PUBLIC HIGHWAY, NAMELY \_\_\_\_\_

AT/NEAR \_\_\_\_\_ (M.P. \_\_\_\_\_)

IN THE \_\_\_\_\_ OF \_\_\_\_\_ IN \_\_\_\_\_

COUNTY (NO.), \_\_\_\_\_ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

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<input type="checkbox"/>	<b>OVI:</b> <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
Prior OVIs:	# of prior OVIs: _____ Years of prior OVIs: _____	
<input type="checkbox"/>	<b>DRIVER LICENSE:</b> <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>SAFETY BELT:</b> Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER		
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy # of Lanes _____ <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn		
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse		
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None		
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal		
Crash Report Number: _____		
REMARKS: _____		
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES _____		

**TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED**  Yes  No

You are summoned and ordered to appear on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ Am/PM,

in \_\_\_\_\_ Court, at \_\_\_\_\_

If you fail to appear at this time and place you may be arrested or your license may be cancelled.

This summons served personally on the defendant on \_\_\_\_\_ 20\_\_\_\_

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Charging Law Enforcement Officer \_\_\_\_\_

Issuing Law Enforcement Officer  SAME AS ABOVE

Issuing Officer: Verify address. If different from license address, write present address in space provided.

COURT CODE	UNIT	POST	DISTRICT

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ( )



COURT \_\_\_\_\_ COUNTY, OHIO

STATE OF OHIO \_\_\_\_\_ TICKET # \_\_\_\_\_

City  Village  Township

CASE # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<b>OPERATOR LICENSE / STATE ID#</b> <input type="checkbox"/> None*		<b>BIRTH DATE</b>	<b>ISSUE DATE</b>	<b>STATE</b>
<b>CLASS</b>	<b>EXPIRES</b>	<b>ENDORSEMENT(S)/RESTRICTION(S)</b>		<b>SS# (last 4 digits)</b>
		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other		
<b>SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>EYES</b>	<b>HAIR</b>
			<b>RACE</b>	
<b>FINANCIAL RESPONSIBILITY PROOF?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
* If no OL/State ID; <b>REQUIRED</b> documentation attached: <input type="checkbox"/> Yes				

**TO DEFENDANT: COMPLAINT** ON \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ Am/PM, YOU

Operated/Passenger/Parked/Walked a  Passenger  Motorcycle  Bicycle  Other \_\_\_\_\_

Commercial DOT# \_\_\_\_\_  ≥26,001 lbs.  <16 Pass. Bus  ≥16 Pass. Bus  Haz. Mat.

VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

UPON A PUBLIC HIGHWAY, NAMELY \_\_\_\_\_

AT/NEAR \_\_\_\_\_ (M.P. \_\_\_\_\_)

IN THE \_\_\_\_\_ OF \_\_\_\_\_ IN \_\_\_\_\_

COUNTY (NO.), \_\_\_\_\_ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	<b>SPEED:</b> _____ MPH in _____ MPH zone <input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA <input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input type="checkbox"/> Moving	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OVI:</b> <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration. _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
Prior OVIs:	# of prior OVIs: _____ Years of prior OVIs: _____	
<input type="checkbox"/>	<b>DRIVER LICENSE:</b> <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>SAFETY BELT:</b> Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	<b>OTHER OFFENSE:</b> _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER		
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy # of Lanes _____ <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn		
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse		
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None		
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal		
Crash Report Number: _____		
REMARKS: _____		
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES _____		

**TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED**  Yes  No

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Charging Law Enforcement Officer \_\_\_\_\_

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PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ( )

