



## UNIFORM CITATION

STATE OF MISSOURI IN THE CIRCUIT COURT OF		COUNTY		DIVISION	
COURT ADDRESS (STREET, CITY, ZIP)					
COURT DATE		COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		COURT PHONE NO. (      )	
<b>I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:</b>					
ON/ABOUT (DATE)	AT TIME HRS	HWY CLASS	UPON/AT OR NEAR (LOCATION)		
<b>WITHIN CITY/COUNTY AND STATE AFORESAID,</b>					
NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS					
CITY				STATE	ZIP CODE
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	
DRIVER'S LIC. NO.				CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE
EMPLOYER					
ADDRESS (STREET, CITY, STATE, ZIP)					
<b>DID UNLAWFULLY</b>		<input type="checkbox"/> OPERATE/DRIVE		<input type="checkbox"/> PARK	
				<input type="checkbox"/> C.M.V. <input type="checkbox"/> WITH HAZ MAT	
VEHICLE	YEAR	MAKE	MODEL	STYLE	COLOR
	REGISTERED WEIGHT	LIC	NUMBER	STATE	YEAR
<b>DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:</b>					
<input type="checkbox"/> <b>Subject taken into custody. (Complete "For Issuance of a Warrant" section on reverse side.)</b>					
DRIVING MPH		POSTED SPEED LIMIT MPH		DETECTION METHOD <input type="checkbox"/> STATIONARY RADAR <input type="checkbox"/> WATCH (AIR) <input type="checkbox"/> PACE <input type="checkbox"/> MOVING RADAR <input type="checkbox"/> WATCH (GROUND) <input type="checkbox"/> OTHER	
IN VIOLATION OF: STATUTE/ORDINANCE – CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.					
SEAT BELT VIOLATION: STATUTE/ORDINANCE – CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.					
<input type="checkbox"/> IN FATAL CRASH <input type="checkbox"/> IN CRASH <input type="checkbox"/> DWI/BAC			OCN		
OFFICER			BADGE	TRP/ZONE	DATE
ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:					<input type="checkbox"/> RSMo <input type="checkbox"/> ORD.
PROSECUTOR'S SIGNATURE					DATE
I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.  SIGNATURE <b>X</b>					DR. LIC. POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO

MO 100-0051 (2-15)

ABSTRACT OF COURT RECORD

MO 100-0051 (2-15)



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SIGNATURE <b>X</b>											

MO 100-0051 (2-15)

INFORMATION

**FOR COURT USE ONLY**

<b>BOND AMOUNT</b> \$				<b>BOND POSTED BY</b>	
<b>BOND EXPIRES</b>		<b>BOND FORFEITURE NUMBER</b>		<b>REFUND</b> \$	
<b>DATE</b>	<b>TIME</b>	<b>TFRD TO</b>		<b>REASON CONTINUED</b>	
	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM				
	<input type="checkbox"/> AM <input type="checkbox"/> PM				
<b>COURT ORI</b> MO			<b>COURT NAME (SPECIFY COUNTY, DIVISION)</b>		
<b>COURT CASE NUMBER</b>		<b>DATE FILED</b>	<b>DATE OF SENTENCE (CONVICTION, SIS)</b>		
CHARGE AS DISPOSED <input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> INFRACTION STATUTE/ORDINANCE – CHARGE CODE <input type="checkbox"/> RSMo <input type="checkbox"/> ORD.					
<b>DESCRIPTION OF OFFENSE</b>					
<b>FINE ORDERED</b> \$		<b>DAYS OF CONFINEMENT ORDERED</b>		<b>SEAT BELT CONVICTION</b> \$ <b>FINE</b>	
<input type="checkbox"/> <b>SUSPENDED IMPOSITION OF SENTENCE (SIS)</b>			<input type="checkbox"/> <b>SENTENCE SUSPENDED (SES)</b> DAYS SUSPENDED _____ FINE SUSPENDED _____		
<b>PROBATION TERM</b>					
MANDATORY INSURANCE <input type="checkbox"/> <b>ORDER OF SUPERVISION</b> DO NOT ASSESS POINTS <input type="checkbox"/> <b>ORDER OF SUSPENSION</b> ASSESS POINTS <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> <b>DRIVER IMPROVEMENT PROGRAM (IN LIEU OF POINT ASSESSMENT)</b>					
<b>LICENSE SURRENDERED AT CONVICTION</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> <b>PROPERTY DAMAGE/PERSONAL INJURY RESULTED FROM VIOLATION, ASSESS TWO ADDITIONAL POINTS.</b>			
<b>BOND FORFEITURE PREVIOUSLY SENT TO DOR</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DEFENDANT REPRESENTED BY COUNSEL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DEFENDANT WAIVED RIGHT TO COUNSEL IN WRITING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NAME OF JUDGE</b>				<b>LAWYER JUDGE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>REMARKS</b>					
<b>PLEA</b> <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY		<b>FINDING</b> <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY		<b>COURT COSTS</b> \$	

MO 100-0051 (2-15)



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SIGNATURE X											

NAME OF JUDGE
<b>DISPOSITION</b>
DATE

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MO 100-0051 (2-15)

VIOLATOR'S COPY

**YOUR FAILURE TO APPEAR IN COURT AT THE TIME SPECIFIED ON THIS CITATION OR OTHERWISE RESPOND TO THE CITATION AS DIRECTED MAY RESULT IN THE SUSPENSION OF YOUR DRIVER'S LICENSE AND DRIVING PRIVILEGE AND MAY RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.**

**APPEARANCE, PLEA OF GUILTY AND WAIVER - ONLY FOR OFFENSES NOT REQUIRING A COURT APPEARANCE.**

I, the undersigned, do hereby enter my appearance on the offense specified on the other side of this citation. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same force and effect as a judgment of court, and that this record will be sent to the licensing authority of this state. I do hereby plead guilty to this offense as specified, waive my right to a hearing by the court, and agree to pay the penalty prescribed for my offense.

DEFENDANT'S SIGNATURE

STREET ADDRESS

CITY, STATE, ZIP

DRIVER'S LICENSE NUMBER





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MO 100-0051 (2-15)

OFFICER RECORD

DISOBEYED SIGNAL (WHEN LIGHT TURNED RED)		<input type="checkbox"/> PAST MIDDLE OF INTERSECTION	
		<input type="checkbox"/> MIDDLE OF INTERSECTION	<input type="checkbox"/> NOT REACHED INTERSECTION
DISOBEYED STOP SIGN		<input type="checkbox"/> STOPPED WRONG PLACE	<input type="checkbox"/> WALK SPEED <input type="checkbox"/> FASTER
IMPROPER TURN			
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> "U"		<input type="checkbox"/> NO SIGNAL	<input type="checkbox"/> INTO WRONG LANE
		<input type="checkbox"/> CUT CORNER	<input type="checkbox"/> FROM WRONG LANE <input type="checkbox"/> PROHIBITED
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> WRONG SIDE OF PAVEMENT	<input type="checkbox"/> AT INTERSECTION	<input type="checkbox"/> ON RIGHT
<input type="checkbox"/> IMPROPER LANE USE	<input type="checkbox"/> WRONG LANE	<input type="checkbox"/> ON HILL	<input type="checkbox"/> BETWEEN TRAF
	<input type="checkbox"/> LANE STRADDLING	<input type="checkbox"/> ON CURVE	<input type="checkbox"/> CUT IN
SLIPPERY PAVEMENT <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> ICE		CAUSED PERSON TO DODGE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OPERATOR <input type="checkbox"/> JUST MISSED CRASH	
VISIBILITY <input type="checkbox"/> NIGHT <input type="checkbox"/> RAIN/SNOW <input type="checkbox"/> FOG		AREA <input type="checkbox"/> SCHOOL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	
OTHER TRAFFIC PRESENT		<input type="checkbox"/> CROSS	<input type="checkbox"/> SAME DIRECTION <input type="checkbox"/> ONCOMING <input type="checkbox"/> PEDESTRIAN
ROAD TYPE <input type="checkbox"/> 2-LANE <input type="checkbox"/> 3-LANE <input type="checkbox"/> 4-LANE <input type="checkbox"/> 4-LANE DIVIDED <input type="checkbox"/> 6-LANE DIVIDED			
IN CRASH			
<input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> VEHICLE	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> RIGHT ANGLE
<input type="checkbox"/> HEAD ON	<input type="checkbox"/> SIDESWIPE	<input type="checkbox"/> REAR-END	<input type="checkbox"/> RAN OFF ROAD <input type="checkbox"/> HIT FIXED OBJECT

OFFICER’S NOTES