

**UNIFORM SUMMONS & COMPLAINT OR PENALTY ASSESSMENT**

NO. **2334676**

THE PEOPLE OF THE STATE OF COLORADO VS: SSN:		ROAD CODE	MILE POST	ACF	CR							
Defendant (Last Name)		(First)	(Middle)	Date of Birth Mo. Day Yr.		Age	( ) Traffic ( ) Penal	Violation Mo. Day Yr.				
Defendant's Address			City		State	Zip Code	Direction of Travel N S E W		Approx. Time of Violation			
Driver's License Number and Type			State	Race	Sex	Height	Weight	Hair	Eyes	Home Telephone	County	No.
Employer Name			Employer Address			Occupation		Business Telephone		Traffic Accident ( ) Yes ( ) No	Injuries Involved ( ) Yes ( ) No	
Vehicle License Number and Type		State	Vehicle Year	Make	Type or Body Style		Approximate Location of Violation, State of Colorado					
Vehicle Color (Top/Bottom)		VIN					( ) On _____ MILES FROM					
								( ) At Intersection With: _____				
YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED BELOW IN:			Registered Owner (Name and Address) ( ) Same as above: or _____									
COUNTY COURT AT:			IN: COLORADO ON _____ 20__ AT _____ M									
<input type="checkbox"/> CRS 42-4-237 (2) Code Drove vehicle when safety belt not in use. ( ) Driver ( ) Front Seat Passenger <b>\$15 Fine \$3.60 Surcharge 0 Points</b>		<input type="checkbox"/> CRS 42-4-1101 ( ) ( ) Code Speeding _____ MPH in _____ zone. <b>\$ _____ Fine \$ _____ Surcharge _____ Points</b>		<input type="checkbox"/> CRS 42-4-1409 (1) Code 954 Owner Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (2) Code 956 Person Operated Uninsured Motor Vehicle <input type="checkbox"/> CRS 42-4-1409 (3) Code 957 Failed to Present Evidence of Insurance <b>Check only one box - all are SUMMONS and 4 POINTS</b>								
CHARGE(S)	SECTION						CODE	FINE \$	SURCHARGE \$	POINTS		
	CRS											
CHARGE(S)	SECTION						CODE	FINE \$	SURCHARGE \$	POINTS		
	CRS											
NRVC ( )	CUSTODIAL ARREST ( )	FINGER PRINTED ( )	CDL ( )	CMCL VEH REQ CDL INVOLVED ( )	USDOT #	PLACARDED HAZ MAT ( )	SURCHG TOTAL \$		TOTAL TO BE PAID BY MAIL \$ (FINE AND SURCHARGE)			
SUMMONS TRAFFIC INFRACTION ( ) OFFENSE ( )				PENALTY ASSESSMENT TRAFFIC INFRACTION ( ) OFFENSE ( )				MAILED ( )				
Without admitting guilt, I promise to appear at the time and place indicated above.					My signature, with payment and within 20 days, is an acknowledgement of guilt of all charges listed above and I understand that the points indicated will be assessed against my driver's license. My signature, without payment, is a promise to appear in court.							
DEFENDANT NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE					DEFENDANT NOTICE: SEE INSTRUCTIONS ON REVERSE SIDE							
THE UNDERSIGNED HAS PROBABLE CAUSE TO BELIEVE THAT THE DEFENDANT COMMITTED THE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND AFFIRMS THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS SERVED UPON THE DEFENDANT.												
DISTRICT	TROOP	PATROL	DATE ISSUED	MO.	DAY	YR.	OFFICER-PRINT LAST NAME _____					
						OFFICER _____		NO. _____				

THIS IS A LEGAL DOCUMENT READ BOTH SIDES