

permanent basis. Having considered the petition and any comments,

IT IS ORDERED that Petition R-21-0033's proposed amendments to Rules 10 and 24.1 and to Forms 1, 7, 8, and 11 of the Rules of Court Procedure for Civil Traffic and Civil Boating Violations that were adopted on an emergency basis on August 25, 2021, are adopted permanently, effective January 1, 2022.

(a) Amendments to Rule 24.1 and amendments to Forms 7 and 8 are shown in Attachment A to this order. The only changes to this rule and these forms from what was adopted on an emergency basis is the removal of the language "in a civil traffic case" from the last paragraph of Form 7 and from the last paragraph of Form 8.

(b) Amendments to Rule 10 and to Forms 1 and 11 are shown in Attachment B to this order. The rule and forms in Attachment B are the same as they appear in the attachment to this Court's August 25, 2021, order regarding Rule Petition R-21-0005.

DATED this 8th day of December, 2021.

_____/s/_____
ROBERT BRUTINEL
Chief Justice

TO:

Rule 28 Distribution
David K Byers

ATTACHMENT A¹

**RULES OF COURT PROCEDURE FOR CIVIL TRAFFIC AND CIVIL
BOATING VIOLATIONS**

Rule 24.1. Mitigation or Waiver

The court may mitigate or waive a monetary obligation imposed pursuant to Title 28, Chapters 3, 5, 7, and 9 in accordance with law.

¹ Additions to the text of the rules and forms are shown by underscoring and deletions of text are shown by ~~strike through~~. For text that had been added at the time of emergency adoption but that is being deleted for permanent adoption, those deletions are shown by ~~double strike through~~.

Form 7. Defendant’s Request for a Documentary Hearing

{[CAPTION]}

STATE OF ARIZONA,)	
Plaintiff,	)	DEFENDANT’S REQUEST FOR
	)	A DOCUMENTARY HEARING
vs.	)	AND WAIVER OF RIGHTS
)	
	)	Case No.
Defendant.)	
)	

Defendant’s name:

State in detail why attending a civil traffic/ civil boating/ civil marijuana/ parking or standing hearing would be a substantial hardship. A substantial hardship is more than mere inconvenience. Examples of substantial hardship may include residing a considerable distance from the court or having a medical or physical condition that significantly impairs ~~the~~your ability to participate in a hearing.

If the ~~Court~~court grants my request and conducts a documentary hearing, I waive the following rights: to personally appear to present evidence; to review evidence before the hearing (Rule 13(b)); to compel production of any citing officer notes (Rule 13(c)); to testimony under oath (Rule 16(a)); to cross examine the State’s witnesses (Rule 16(c)); to present rebuttal evidence Rule 19(d)); to present a closing argument Rule 19(e)); and to immediate delivery of written notice of appeal after the imposition of any civil sanction or penalty (Rule 25(a)).

I acknowledge that if the ~~Court~~court does not receive my declaration of the facts by the hearing date, a default judgment may be entered against me, a civil sanction or penalty may be imposed, the Department of Transportation may refuse to renew the registration of a vehicle of which I am the registered owner, and in a civil traffic case my case may be sent to collections my driving privileges may be suspended.

Dated: _____

Defendant’s signature

Form 8. Defendant’s Declaration for a Documentary Hearing

{[CAPTION]}

STATE OF ARIZONA,	)	DEFENDANT’S DECLARATION
Plaintiff,	)	AND WAIVER OF RIGHTS
vs.	)	FOR A DOCUMENTARY
	)	HEARING
)	
	)	Case No.
)	
Defendant.)	

Declarant’s name:

State the facts of the case in your own words. If you have any exhibits, explain their significance in the statement and attach. Please print clearly or attach a written statement.

Continued on _____ attached pages.

By having a documentary hearing, I waive the following rights: to personally appear to present evidence; to review evidence before the hearing (Rule 13(b)); to compel production of any citing officer notes (Rule 13(c)); to testimony under oath (Rule 16(a)); to cross examine the State’s witnesses (Rule 16(c)); to present rebuttal evidence Rule 19(d)); to present a closing argument Rule 19(e)); and to immediate delivery of written notice of appeal after the imposition of any civil sanction or penalty (Rule 25(a)). I acknowledge that if the ~~Court~~ court does not receive this declaration by the hearing date, a default judgment may be entered against me, a civil sanction or penalty may be imposed, the Department of Transportation may refuse to renew the registration of a vehicle of which I am the registered owner, and in a civil traffic case my case may be sent to collections ~~driving privileges may be suspended.~~

I declare under penalty of perjury that the foregoing is true and correct.

Dated: _____

Declarant’s signature

ATTACHMENT B²

RULES OF COURT PROCEDURE FOR CIVIL TRAFFIC AND CIVIL BOATING VIOLATIONS

Rule 10. Entry of Plea; Failure to Appear

(a) The defendant may admit responsibility by appearing in person, or by submitting a form or a statement signed by the defendant admitting the allegations of the complaint. The defendant ~~shall~~must, at the same time, tender the civil sanction or penalty listed in the court's deposit schedule for the ~~civil traffic~~-violation(s).

(b) The defendant may deny responsibility by appearing in person or by notifying the court in writing. For civil traffic violations, ~~The~~the defendant may, at the same time, tender the civil sanction or penalty listed in the court's deposit schedule ~~for civil traffic violations to insure that no driver's license suspension will result from failure to appear.~~ Upon receipt of said notice, the court ~~shall~~must set the matter for hearing and notify the defendant, citing officer, and any counsel of the date, time, and place for the hearing.

(c) A defendant's failure to admit or deny responsibility under Rules 10(a) or 10(b), or to personally appear at the date and time specified in the Arizona Traffic Ticket and Complaint, or at the date and time specified in a summons, or to appear at any subsequently scheduled court proceeding, or a defendant's failure to file a written statement prior to a documentary hearing under Rule 10.2, ~~shall~~will result in a default pursuant to Rules 21 and 22.

² Additions to the text of the rules and forms are shown by underscoring and deletions of text are shown by ~~strike through~~.

Form 1. Defendant’s Notice of Right to Appeal ~~(Civil traffic)~~

[CAPTION]

STATE OF ARIZONA	)	No. _____
)	
	)	DEFENDANT’S NOTICE
vs.	)	OF RIGHT TO APPEAL
	)	(CIVIL TRAFFIC/ CIVIL BOATING/
<u>Defendant.</u>	)	<u>CIVIL MARIJUANA/ PARKING OR</u>
	)	<u>STANDING)</u>
_____)	

A party may appeal a final order or final judgment entered in a civil traffic, civil boating, civil marijuana, or parking or standing case. This notice explains your rights and responsibilities to file an appeal from such an order or judgment.

There are two separate stages to the appeal process. The first stage begins in this court; the second stage takes place in the county superior court. Remember, you must complete all steps at both stages, or you run the risk of having your appeal dismissed. This notice does not set forth all the rules on ~~traffic~~-appeals. To read them entirely, you may review at the library the Arizona statutes and rules of court procedure for civil traffic, civil boating, civil marijuana, and parking or standing violation~~court procedure at the library~~. It is recommended that you keep a copy of all your documents and receipts during the appeal.

STAGE ONE—THE TRIAL COURT

(A) THE NOTICE OF APPEAL. To appeal, you must file a “Notice of Appeal” with the trial court clerk within 14 calendar days from the date of the final order or final judgment. If you do not file a “Notice of Appeal” within these 14 days, you lose the right to appeal.

(B) THE RECORD. On or before the 14-day deadline to appeal, you must also pay for a copy of the proceedings at the hearing. The copy may be a recording or a transcript. The clerk will explain which type of record is required. Payment must be in cash or other method explained by the clerk. If you cannot afford to pay for the record, ask the clerk for information about a waiver or extension (“deferral”) to make payment later. If you fail to pay for the record or transcript, your appeal may be dismissed. Additional copies of the hearing may be obtained for an additional charge.

(C) POSTING A BOND ON APPEAL TO STAY JUDGMENT. You cannot be forced to post a bond in order to exercise your right to appeal. However, the civil

~~traffic~~ judgment normally includes a monetary sanction (~~monetary fine~~) or penalty and, for moving traffic violations, points on your license. In some traffic cases ~~too~~, the court may have suspended your license or registration as part of its decision. These penalties are NOT stopped just because you have filed a timely notice of appeal! In order to stop these penalties from being imposed while your appeal is pending, you must “post bond” with the trial court. The amount of the bond is the total amount of the sanction or penalty ordered by the court unless the trial court orders that the bond be reduced or waived. If you do not post bond to stay enforcement, then the order to pay is still in force and must be complied with. ~~IF YOU DO NOT POST BOND, AND YOU DO NOT TIMELY PAY ANY SANCTION, YOUR LICENSE COULD BE SUSPENDED WITHOUT FURTHER NOTICE.~~

(D) THE WRITTEN ~~APPEAL~~APPELLATE MEMORANDUM. Within a few days after you have paid for the record to be prepared, the court will contact you to pick up your record. You will need the record for this next step—the “Appellate Memorandum.” The appellate memorandum is your written “brief” or explanation why the trial court ruling was legally wrong. Normally, the memorandum will refer to specific portions of the record of the hearing to point out where there was error by the court. (That is why a party who appeals pays for a copy of the record.) The memorandum should be typed or printed on letter-sized white paper, double spaced, and not exceed 15 pages in length, ~~not counting~~ plus any exhibits from your hearing you want to attach to the memorandum.

(E) FILING THE APPELLATE MEMORANDUM WITHIN 60 DAYS. The appellate memorandum must be filed with the court within 60 calendar days of the deadline to file the notice of appeal. You must file the original and 1 copy of the memorandum with the court. (The other side then has 30 days to file an “Appellee’s Memorandum.”)

(F) WAIT FOR FURTHER INSTRUCTIONS. Once the memorandum has been filed, you should await further instructions from the superior court as outlined in the next stage. To keep you informed, remember that the trial court must have your current mailing address at all times. Even if you hire an attorney, your address is still required for legal notifications.

STAGE TWO—THE SUPERIOR COURT

(G) PAYING THE SUPERIOR COURT FILING FEE. If you have completed all of the first stage, your case moves to the superior court where an appeals judge will look at the case. About 60 days after you file your memorandum, you will receive a notice from the superior court. This notice will (1) assign a superior court case number to use in all further correspondence, and (2) instruct you to pay the superior court appeal filing fee. You must pay this filing fee or your appeal may be dismissed and your case sent back to the trial court. Again, if you cannot afford to

pay the filing fee, contact the superior court clerk for information about a waiver or extension (“deferral”) to make payment later.

(H) SUPERIOR COURT ACTION ON THE APPEAL. If you have now completed all these steps, you will receive a ruling from the superior court. The superior court ~~has the right to~~can affirm the trial court, overrule the trial court, modify some of the trial court decision, or, if record is not clear, order a new trial in the superior court. If the final outcome of your case is that the ruling stands, or if your appeal is dismissed for any other reason, remember that the court may apply any bond, deposit, or payments already made and that you may have to return to the trial court to be given other instructions in person.

Dated: _____

I acknowledge receipt of a copy of this Notice.

Defendant's signature

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 <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		
	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			
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 or before 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"/> Jury <input type="checkbox"/> Bench <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Jury <input type="checkbox"/> Bench <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Jury <input type="checkbox"/> Bench <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Jury <input type="checkbox"/> Bench <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <input type="checkbox"/> Grant Rule 20	TRIAL <input type="checkbox"/> Jury <input type="checkbox"/> Bench <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty <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.		[REDACTED]		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)							
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									
		VIOLATION 1										<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									
		VIOLATION 2										<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									
		VIOLATION 3										<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									
		VIOLATION 4										<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									
		VIOLATION 5										<input type="checkbox"/> Municipal Code		<input type="checkbox"/> Civil Non-Traffic									
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 or before 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		NOTICE TO DEFENDANT: THIS IS A TRUE COPY OF THE COMPLAINT WHICH WILL BE FILED IN COURT. YOU ARE ADVISED TO READ THE INSTRUCTIONS ON THE REVERSE. IF YOU APPEAR IN COURT, PLEASE BRING THIS COPY WITH YOU.																					

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 or Civil 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 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)).

CIVIL NON-TRAFFIC

If the Civil Non-Traffic or Civil 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									
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 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					
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 or before 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 Law Enforcement Copy

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.

Reverse Side of Law Enforcement 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									
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 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												
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 or before 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 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.

Reverse Side of Court Report Copy

