

SUPREME COURT OF ARIZONA

In the Matter of) Arizona Supreme Court
) No. R-17-0034
RULE 37, ARIZONA RULES OF)
COURT PROCEDURE FOR CIVIL) **FILED 05/03/2017**
TRAFFIC AND CIVIL BOATING)
VIOLATIONS)
)
)
_____)

**ORDER ADOPTING A TECHNICAL AMENDMENT TO
Rule 37, ARIZONA RULES OF COURT PROCEDURE FOR CIVIL TRAFFIC AND CIVIL
BOATING VIOLATIONS**

A petition was filed proposing to amend Rule 37, Arizona Rules of Court Procedure for Civil Traffic and Civil Boating Violations, Form 11 (Arizona Traffic Ticket and Complaint) on an emergency basis and with a delayed implementation date. The Court approved the amendment on April 27, 2017, effective as of the date of signing and with a delayed implementation date of no later than January 1, 2018. Shortly thereafter, the Committee on Limited Jurisdiction Courts submitted a request for a technical amendment. After consideration,

IT IS ORDERED adopting the requested technical amendment on an emergency basis, effective as of the date of signing but with a delayed implementation date of no later than January 1, 2018, by substituting the words "At or before the date and time indicated" for the words "At the date and time indicated" on the front side of all four copies of Form 11, Arizona Traffic Ticket and Complaint, as shown in the attachment hereto.

DATED this 3rd day of May, 2017.

_____/S/_____
SCOTT BALES
Chief Justice

Arizona Supreme Court No. R-17-0034
Page 2 of 11

TO:
Rule 28 Distribution
David K Byers

ATTACHMENT* (*Additions underscored and highlighted)

(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		Mont h	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 <input type="checkbox"/> Municipal Code					
	Docket Number		Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
B	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>				<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code					
	Docket Number		Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
C	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>				<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code					
	Docket Number		Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
D	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>				<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code					
	Docket Number		Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
E	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>				<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code					
	Docket Number		Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense								
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

RRAIGNMENT							SPECIAL NOTES
Charges	Not Guilty	Not Responsible	No Contest	Guilty	Responsible	Defendant Signature*	<input type="checkbox"/> Possible Criminal Rule 11 State Seeks Jail <input type="checkbox"/> <input type="checkbox"/> Interpreter Required <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Attorney Notice of Appearance _____
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.							CONDITIONS OF RELEASE <input type="checkbox"/> Own Recognizance <input type="checkbox"/> Plus Special Conditions, See Release Order <input type="checkbox"/> Bond / Deposit Amount _____ <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
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.		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 <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense							
VIOLATION 1																	
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 Traffic <input type="checkbox"/> Petty Offense							
VIOLATION 2																	
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 Traffic <input type="checkbox"/> Petty Offense							
VIOLATION 3																	
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 Traffic <input type="checkbox"/> Petty Offense							
VIOLATION 4																	
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 Traffic <input type="checkbox"/> Petty Offense							
VIOLATION 5																	
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																	
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 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, 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]).

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.)

(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	Mont h	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 <input type="checkbox"/> Municipal Code			
	Docket Number			Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
B	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code			
	Docket Number			Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
C	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code			
	Docket Number			Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
D	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code			
	Docket Number			Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
E	Section		ARS CC	Violation				Domestic Violence <input type="checkbox"/>		<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code			
	Docket Number			Disp. Codes		Date of Disposition		Sanction		<input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense			
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

(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		Mont h	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 Traffic		<input type="checkbox"/> Petty Offense				
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 Traffic		<input type="checkbox"/> Petty Offense				
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 Traffic		<input type="checkbox"/> Petty Offense				
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 Traffic		<input type="checkbox"/> Petty Offense				
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 Traffic		<input type="checkbox"/> Petty Offense				
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									

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.