

MASSACHUSETTS UNIFORM CITATION											
DATE WRITTEN (MM/DD/YY)		AGENCY CODE		OFFICER I.D. NUMBER		COURT CODE		TYPE OF CITATION <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> PASSENGER <input type="checkbox"/> BICYCLIST			
VIOLATOR	MOTOR VEHICLE LICENSE NO. OF VIOLATOR					STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE	SEX	NON-INVENTORY MV SEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO
	VIOLATOR NAME (Last) (First) (Initial)					BIRTH DATE (MM/DD/YY)					
	ADDRESS					CITY/TOWN		STATE	ZIP		
MV	PLATE TYPE	VEHICLE REGISTRATION NO.		STATE	YEAR	MAKE AND TYPE		COLOR	CDL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	16+ PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACARDED HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	OFFENSE DATE (MM/DD/YY)		LOCATION OF OFFENSE (include #, st, hwy, city or town)					TIME OF OFFENSE <input type="checkbox"/> AM <input type="checkbox"/> PM CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO			
OFFENSE(S)	A. CHAP/SEC/SUB		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL	DESCRIPTION OF OFFENSE					ASSESSMENT \$		
	B.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL						\$		
	C.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL						\$		
	D. SPEEDING <input type="checkbox"/> 90/17 <input type="checkbox"/> 90/18		CIVIL	MPH IN _____ A _____ MPH ZONE	<input type="checkbox"/> POSTED <input type="checkbox"/> NOT POSTED <input type="checkbox"/> LIDAR	<input type="checkbox"/> CLOCKED <input type="checkbox"/> RADAR <input type="checkbox"/> ESTIMATED	\$				
SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE										TOTAL DUE \$	
OFFICER CHECK ONE ONLY <input type="checkbox"/> ALL CIVIL INFRACTIONS (See instruction A on back) <input type="checkbox"/> CRIMINAL APPLICATION (See instruction B on back) <input type="checkbox"/> ARREST <input type="checkbox"/> WARNING (No action required)										COURT ADDRESS	
OFFICER CERTIFIES <input type="checkbox"/> IN HAND TO VIOL. <input type="checkbox"/> MAILED TO VIOL. <input type="checkbox"/> IN HAND TO VIOLATOR'S AGENT										AGENT NAME	
X VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION										AGENT'S LICENSE NUMBER & STATE	
X											

NOTICE TO VIOLATOR
SEE REVERSE SIDE FOR INSTRUCTIONS

NOTICE TO OFFICER
ENTER ASSESSMENT \$ AND TOTAL DUE \$ ONLY IF YOU CHECK "ALL CIVIL INFRACTIONS".
ENTER COURT ADDRESS BELOW ONLY IF YOU CHECK "CRIMINAL APPLICATION".

"PRESS HARD - You are making 5 copies."



INSTRUCTION A (ALL CIVIL INFRACTIONS)

If "ALL CIVIL INFRACTIONS" is checked on the front, all the violations with which you are charged are civil infractions. To avoid late fees and possible suspension/revocation of your license or registration, you must either pay this citation in full or request a court hearing **WITHIN 20 DAYS** of the date of offense. To pay your citation in full, check off Box 1 (I WISH TO PAY THIS CITATION). To request a court hearing, check off Box 2 (I REQUEST A COURT HEARING). Read the instructions and sign below. If you fail to pay this citation in full or fail to request a hearing and pay the \$25 Court Filing Fee within 20 days, you will lose your right to a hearing; you will have to pay substantial late charges, and your license/right to operate or registration will be suspended/revoked.

1 I WISH TO PAY THIS CITATION. I am paying the "TOTAL DUE" shown as a final disposition of this citation and I am waiving my right to a civil hearing before a court magistrate. I understand that such payment is an admission of responsibility for all infractions and any Registry action under the law, and may affect my auto insurance premium. I also understand that such payment is not an admission of guilt, responsibility, or negligence in any other criminal or civil proceeding.

You can pay your citation the following ways:

Mail: Make your check payable to MassDOT, write the citation number, your license number and state of issuance on the front of the check. **DO NOT MAIL CASH.** Place your payment and this citation in the envelope provided and mail it to the address below. Remember to check off the Payment box on the Front of the Envelope.

On-line at www.mass.gov/rmv. You will need your citation number, credit card or check.

Phone: 617-351-4500 (from area codes 617, 857, 781, and 339) or 800-858-3926 from all other MA area codes, Monday - Friday from 9am - 5pm.

X _____ Date _____
Signature of Violator

2 I REQUEST A COURT HEARING. I deny that I am responsible for the civil infractions(s) charged on this citation, and I request a civil hearing before a court magistrate. I understand that I must pay a \$25 court filing fee before the court will notify me by mail of the date and time of the hearing and I must appear in court on the scheduled date and time. Place your \$25 court filing fee and this citation in the envelope provided and mail it to the address below. Check off the hearing request/filing fee box on the front of the envelope.

To pay your court filing fee: Make your check payable to MassDOT, write the citation number, your license number and state of issuance on the front of the check. **DO NOT MAIL CASH.** Place your \$25 court filing fee and this citation in the envelope provided and mail it to the address below. Remember to check off the Hearing Request/Filing Fee box on the front of the envelope.

Report Address Changes: All correspondence will be mailed to the address on file at the RMV. It is important to report address changes. I certify that I entered my correct mailing address on the front of the envelope and authorize the RMV to make any necessary changes.

X _____ Date _____
Signature of Violator

Mail Payment For Citation Or Court Hearing Request And Court Filing Fee To:
Citation Processing Center
Box 55890, Boston, MA 02205-5890

INSTRUCTION B (CRIMINAL APPLICATION)

If "CRIMINAL APPLICATION" is checked you will be granted a hearing as to whether a criminal complaint should issue against you. If you sign below and return this citation **WITHIN 4 DAYS** to the Clerk-Magistrate of the court named on the front of this citation. Any accompanying civil infractions will be determined during the criminal proceedings and cannot be paid in advance.

X _____ DATE _____
SIGNATURE OF VIOLATOR

**ADDRESS CHANGES MUST BE REPORTED TO BOTH THE REGISTRY OF
MOTOR VEHICLES AND TO THE COURT.**

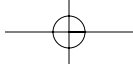
MASSACHUSETTS UNIFORM CITATION

RMV COPY (IF CIVIL) OR COURT COPY (IF CRIM.)

TYPE OF CITATION									
DATE WRITTEN (MM/DD/YY)		AGENCY CODE		OFFICER I.D. NUMBER		COURT CODE		<input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER	
								<input type="checkbox"/> PASSENGER <input type="checkbox"/> BICYCLIST	
V I O L A T O R	MOTOR VEHICLE LICENSE NO. OF VIOLATOR					STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE
	VIOLATOR NAME (Last) (First) (Initial)					SEX			
	BIRTH DATE (MM/DD/YY)					NON-INVENTORY MV SEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS					CITY/TOWN		STATE		ZIP
M V	PLATE TYPE	VEHICLE REGISTRATION NO.		STATE	YEAR	MAKE AND TYPE	COLOR	CDL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	16+ PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO
									PLACARDED HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO
O F F E N S E (S)	OFFENSE DATE (MM/DD/YY)		LOCATION OF OFFENSE (include #, st, hwy, city or town)					TIME OF OFFENSE <input type="checkbox"/> AM <input type="checkbox"/> PM	
	A. CHAP/SEC/SUB		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL	DESCRIPTION OF OFFENSE				ASSESSMENT \$	JUDGMENT
	B.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL					\$	JUDGMENT DATE
	C.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL					\$	COMMENT
	D. SPEEDING <input type="checkbox"/> 90/17 <input type="checkbox"/> 90/18		CIVIL	MPH IN A	MPH ZONE	<input type="checkbox"/> POSTED <input type="checkbox"/> NOT POSTED <input type="checkbox"/> LIDAR	<input type="checkbox"/> CLOCKED <input type="checkbox"/> RADAR <input type="checkbox"/> ESTIMATED	\$	
SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE								TOTAL DUE \$	DOCKET NUMBER
OFFICER CHECK ONE ONLY <input type="checkbox"/> ALL CIVIL INFRACTIONS (See instruction A on back) <input type="checkbox"/> CRIMINAL APPLICATION (See instruction B on back) <input type="checkbox"/> ARREST <input type="checkbox"/> WARNING (No action required)								COURT ADDRESS	
OFFICER CERTIFIES <input type="checkbox"/> IN HAND TO VIOL. <input type="checkbox"/> MAILED TO VIOL. <input type="checkbox"/> IN HAND TO VIOLATOR'S AGENT									
AGENT NAME									
VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION								AGENT'S LICENSE NUMBER & STATE	
X									

"PRESS HARD - You are making 5 copies."





MASSACHUSETTS UNIFORM CITATION

AGENCY COPY (IF CIVIL) OR COURT COPY (IF CRIM.)

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X VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION					AGENT NAME				
X					AGENT'S LICENSE NUMBER & STATE				

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I CERTIFY THAT THE INFORMATION RELATING TO
"JUDGMENT", "JUDGMENT DATE" AND "COMMENT",
ENTERED ON THE REVERSE SIDE OF THIS
CITATION, IS TRUE AND CORRECT.

COURT VALIDATION STAMP

APPROVED CODES FOR USE IN ENTERING JUDGMENT
INFORMATION ON THIS ABSTRACT

G = Guilty	DF = Default
NG = Not Guilty	DR = Default Removed
R = Responsible	DI = Dismissed
NR = Not Responsible	CW = Continued Without Finding
DL = Delinquent	NP = Nolle Prose
ND = Not Delinquent	CD = Complaint Denied
FI = Filed (only by judge, where allowed by law)	

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VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION										AGENT'S LICENSE NUMBER & STATE		
X												

AGENCY COPY

"PRESS HARD - You are making 5 copies."

OFFICER'S NOTES FOR TESTIFYING IN COURT

Please note facts and circumstances in addition to those checked on the face of the citation, that is: (1) any specific action of violator which increased the hazard of the violation; (2) where violation observed and where contact made; (3) total distance traveled during pursuit; (4) statements by violator and general attitude.

WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> SLEET	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> DIVIDED	<input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK
NO. LANES:			

MASSACHUSETTS UNIFORM CITATION

OFFICER COPY

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OFFICER'S NOTES FOR TESTIFYING IN COURT

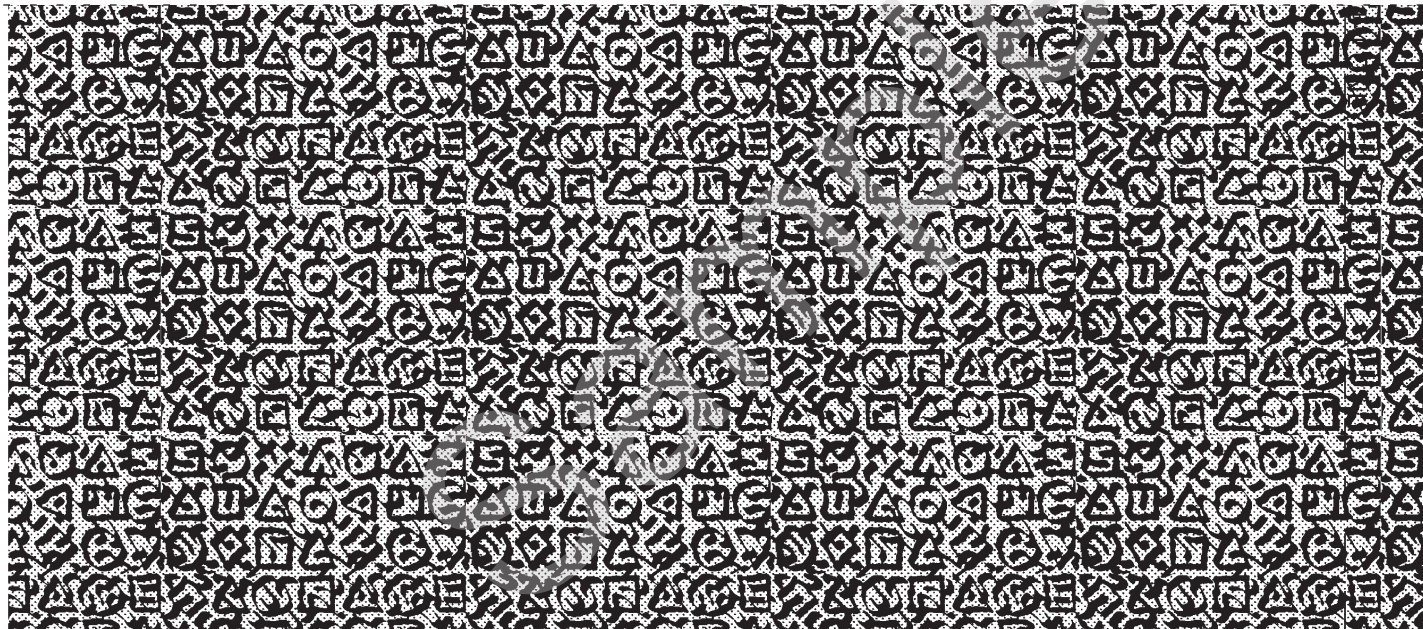
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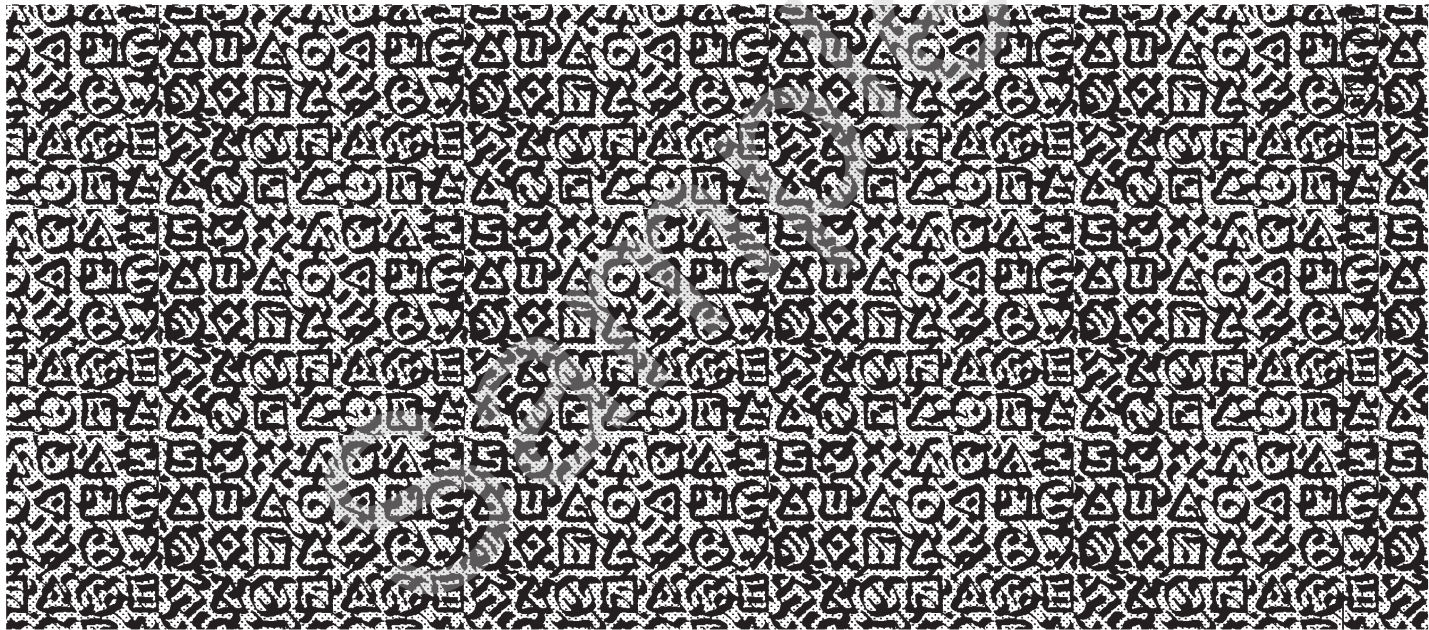
WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> CLEAR	<input type="checkbox"/> DRY	<input type="checkbox"/> LIGHT	<input type="checkbox"/> DAYLIGHT
<input type="checkbox"/> CLOUDY	<input type="checkbox"/> WET	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> DARKNESS
<input type="checkbox"/> RAIN	<input type="checkbox"/> MUDDY	<input type="checkbox"/> HEAVY	<input type="checkbox"/> DAWN
<input type="checkbox"/> SNOW	<input type="checkbox"/> SNOWY		<input type="checkbox"/> DUSK
<input type="checkbox"/> FOG	<input type="checkbox"/> ICY		
<input type="checkbox"/> SLEET	<input type="checkbox"/> DIVIDED		
NO. LANES:			

REMOVE THIS EDGE BEFORE MAILING

REMEMBER:

- Check off either the "Payment" or "Hearing Request/Filing Fee" box on the front of this envelope.
- When paying the citation or requesting a hearing and paying the court filing fee, write the citation number, your license number and state of issue on your check or money order.
DO NOT SEND CASH.
- Enclose the original citation. Make a copy of the citation for your own records.
- Do not include letters or other information you want a court magistrate to consider; instead, bring this information to your hearing.
- Report address changes on the front of this envelope.





TO SEAL —REMOVE BACK FLAP ONLY, MOISTEN OTHER SIDE OF THIS FLAP, AND FOLD OVER.

☐ CHECK HERE IF NEW ADDRESS

☐ PAYMENT

☐ HEARING REQUEST/FILING FEE



**PLACE STAMP
HERE**
The Post Office
will not deliver
mail without
postage

CITATION PROCESSING CENTER
PO BOX 55890
BOSTON, MA 02205-5890

