

**MASSACHUSETTS UNIFORM CITATION**



TYPE OF CITATION			
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER	<b>R</b>	
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> BICYCLIST		

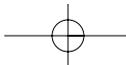
DATE WRITTEN (MM/DD/YY)	AGENCY CODE	OFFICER I.D. NUMBER	COURT CODE				
MOTOR VEHICLE LICENSE NO. OF VIOLATOR		STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE	SEX	NON-INVENTORY MV SEARCH <input type="checkbox"/> YES <input type="checkbox"/> NO
VIOLATOR NAME (Last) (First) (Initial)		BIRTH DATE (MM/DD/YY)		CODE			
ADDRESS			CITY/TOWN		STATE	ZIP	
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	
<b>OFFENSE (S)</b>	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	\$	
<b>SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE</b>						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							
AGENT'S LICENSE NUMBER & STATE							

VIOLATOR COPY

**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](http://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

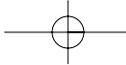
**Mail Payment For Citation Or Court Hearing Request And Court Filing Fee To:**  
**Citation Processing Center**  
**Box 55890, Boston, MA 02205-5890**

**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**

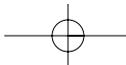
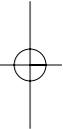


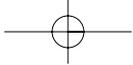
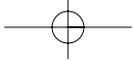
TYPE OF CITATION			
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER	<b>R</b>	
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> BICYCLIST		

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

DATE WRITTEN (MM/DD/YY)	AGENCY CODE	OFFICER I.D. NUMBER	COURT CODE						
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 _____			
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		
<b>OFFENSE(S)</b>	A. CHAP/SEC/SUB	<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL	DESCRIPTION OF OFFENSE			ASSESSMENT \$	JUDGMENT	JUDGMENT DATE	COMMENT
	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	\$			
<b>SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE</b>					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				
X VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION					AGENT'S LICENSE NUMBER & STATE				
X									

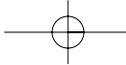
"PRESS HARD - You are making 5 copies."





COURT RECORD			
RECORD OF CLERK HEARING ON COMPLAINT APPLICATION			
OFFENSE	DATE	CLERK	RESULT
A.			
B.			
C.			
D.			
OTHER COURT ACTIONS			
DATE		ACTION, JUDGE, ETC.	

Sample



**MASSACHUSETTS UNIFORM CITATION**

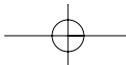
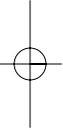
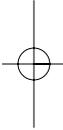


TYPE OF CITATION			
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER	<b>R</b>	
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> BICYCLIST		

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

DATE WRITTEN (MM/DD/YY)	AGENCY CODE	OFFICER I.D. NUMBER	COURT CODE						
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)		CODE					
ADDRESS			CITY/TOWN	STATE	ZIP				
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		
<b>OFFENSE(S)</b>	A. CHAP/SEC/SUB	<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL	DESCRIPTION OF OFFENSE			ASSESSMENT \$	JUDGMENT	JUDGMENT DATE	COMMENT
	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 MPH _____ A _____ 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	\$			
<b>SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE</b>					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				
X VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION					AGENT'S LICENSE NUMBER & STATE				
X									

"PRESS HARD - You are making 5 copies."



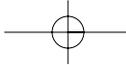
I CERTIFY THAT THE INFORMATION RELATING TO  
"JUDGMENT", "JUDGMENT DATE" AND "COMMENT",  
ENTERED ON THE REVERSE SIDE OF THIS  
CITATION, IS TRUE AND CORRECT.

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)	



**MASSACHUSETTS UNIFORM CITATION**



TYPE OF CITATION	
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> BICYCLIST

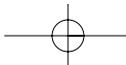
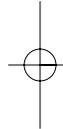
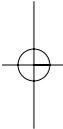
**R**

DATE WRITTEN (MM/DD/YY)	AGENCY CODE	OFFICER I.D. NUMBER	COURT CODE		
MOTOR VEHICLE LICENSE NO. OF VIOLATOR		STATE	CLASS	CDL LICENSE	RACE
VIOLATOR NAME (Last)		(First)	(Initial)	BIRTH DATE (MM/DD/YY)	
ADDRESS		CITY/TOWN		STATE	ZIP
PLATE TYPE	VEHICLE REGISTRATION NO.	STATE	YEAR	MAKE AND TYPE	COLOR
CDL VEHICLE		16+ PASSENGERS		PLACARDED HAZMAT	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<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
A. CHAP/SEC/SUB		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL			ASSESSMENT \$
B.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL			\$
C.		<input type="checkbox"/> CRIM <input type="checkbox"/> CIVIL			\$
D. SPEEDING		CIVIL			\$
<input type="checkbox"/> 90/17 <input type="checkbox"/> 90/18		MPH IN _____ A _____ MPH ZONE	<input type="checkbox"/> POSTED <input type="checkbox"/> CLOKED <input type="checkbox"/> NOT POSTED <input type="checkbox"/> RADAR <input type="checkbox"/> LIDAR <input type="checkbox"/> ESTIMATED		
<b>SPEEDING ASSESSMENTS INCLUDE A \$50 HEAD INJURY SURCHARGE</b>					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)
OFFICER CERTIFIES	<input type="checkbox"/> IN HAND TO VIOL.		<input type="checkbox"/> MAILED TO VIOL.		<input type="checkbox"/> IN HAND TO VIOLATOR'S AGENT
VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION					AGENT NAME
AGENT'S LICENSE NUMBER & STATE					COURT ADDRESS

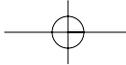
AGENCY COPY



"PRESS HARD - You are making 5 copies."







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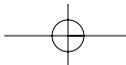
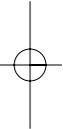
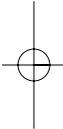


TYPE OF CITATION	
<input type="checkbox"/> OPERATOR	<input type="checkbox"/> OWNER
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> BICYCLIST

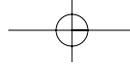
**R**

DATE WRITTEN (MM/DD/YY)	AGENCY CODE	OFFICER I.D. NUMBER	COURT CODE	TYPE OF CITATION		
MOTOR VEHICLE LICENSE NO. OF VIOLATOR		STATE	CLASS	CDL LICENSE	RACE	
VIOLATOR NAME (Last)		(First)	(Initial)	NON-INVENTORY MV SEARCH		
ADDRESS		CITY/TOWN		STATE	ZIP	
PLATE TYPE	VEHICLE REGISTRATION NO.	STATE	YEAR	MAKE AND TYPE	COLOR	
CDL VEHICLE		16+ PASSENGERS		PLACARDED HAZMAT		
OFFENSE DATE (MM/DD/YY)		LOCATION OF OFFENSE (include #, st, hwy, city or town)			TIME OF OFFENSE	CRASH
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		CIVIL	MPH IN 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						
OFFICER CERTIFIES						
VIOLATOR/AGENT ACKNOWLEDGES RECEIPT OF CITATION						

OFFICER COPY







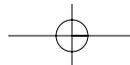
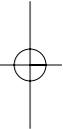
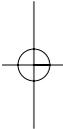
REMOVE THIS EDGE BEFORE MAILING

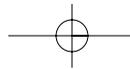
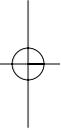
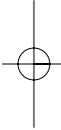
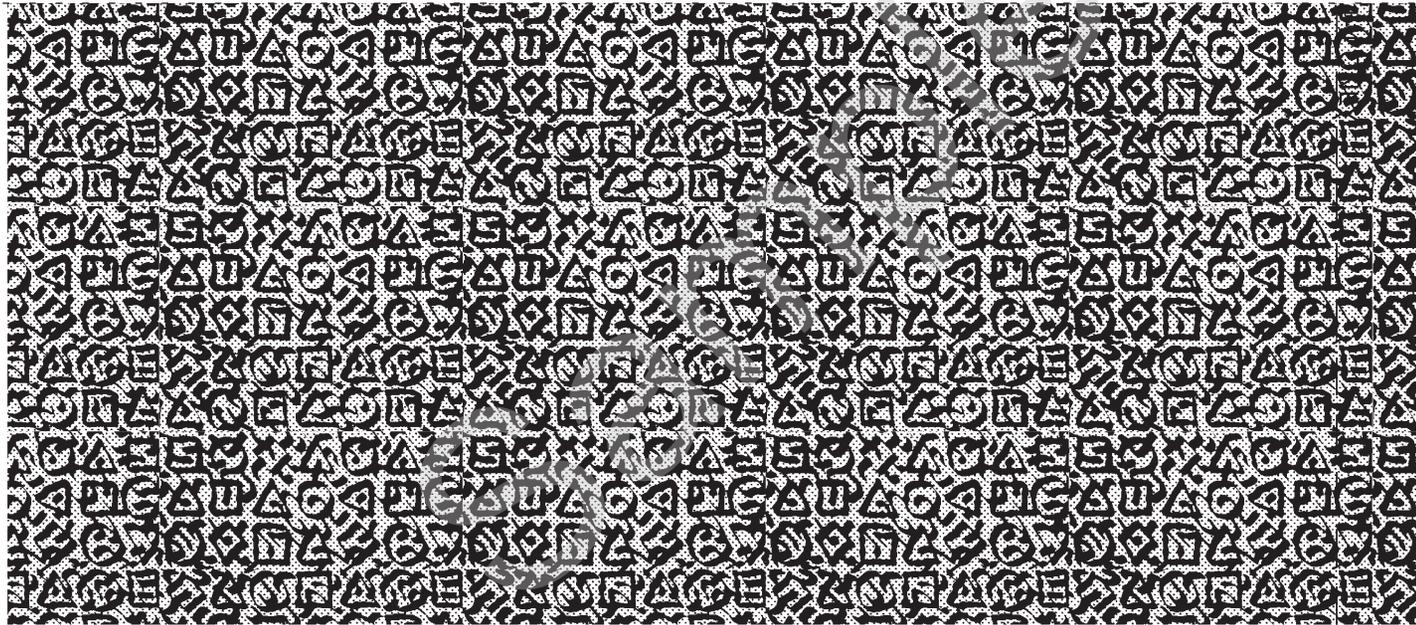
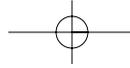


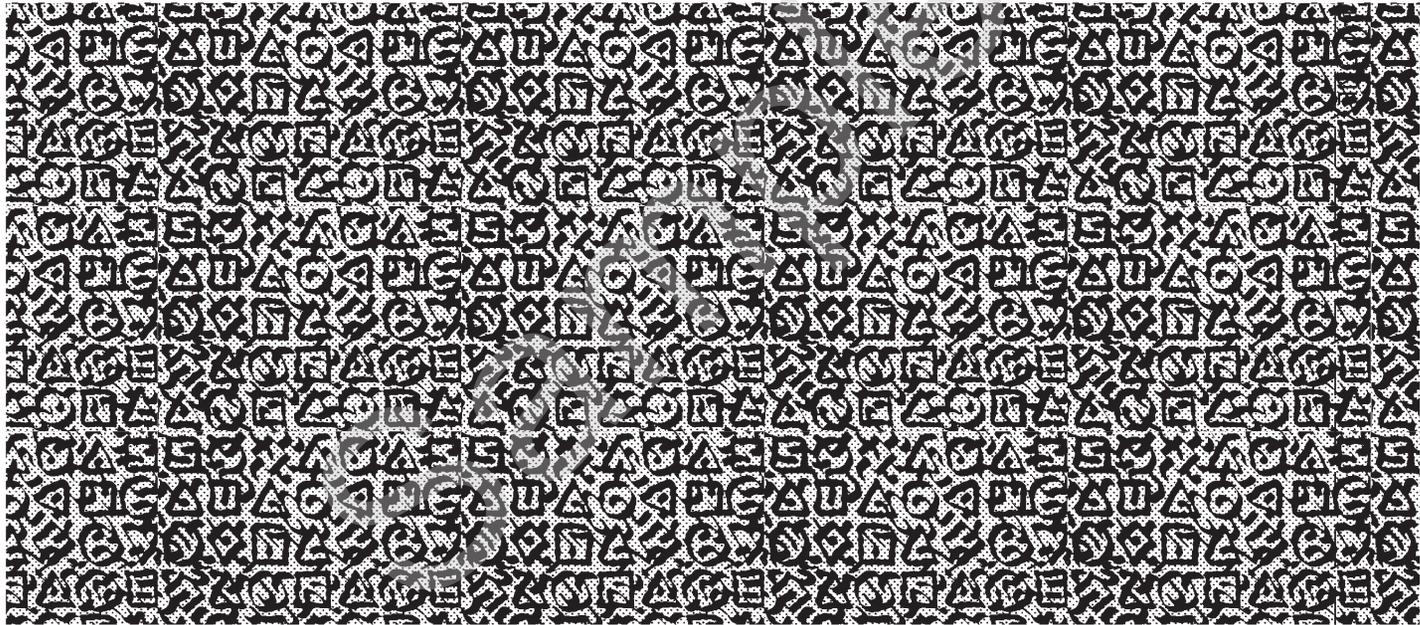
R

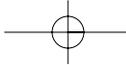
**REMEMBER:**

- 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

