

**State of Michigan
Commercial Law Citation**

US DOT # Ticket No. Victim Involved
 MPSC Detection Device BAC Dept. No.

The People of: the State of Michigan
 Township City Village County Bill Number of
 OF: Commodity Local Use Local Use Arrest No.

THE UNDERSIGNED Month Day Year At approx. A.M. P.M. Incident No.
 SAYS THAT ON:

Intra Carrier Name (Required) Defendant
 Inter Street City State Zip Code

Owner Name Defendant
 Street City State Zip Code

Driver Name (First, Middle, Last) Defendant
 Street City State Zip Code

State Oper./Chauff. CDL Driver's License Number Date Month of Birth Day Year
 Race Sex Height Weight Hair Eyes SSN (last 4 digits)

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule
UPON _____ AT OR NEAR _____

WITHIN CITY VILLAGE TOWNSHIP OF _____
COUNTY OF _____ DID THE FOLLOWING

Type	MCL Cite/PACC Code/ Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel <input type="checkbox"/> Fug <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel <input type="checkbox"/> Fug <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel <input type="checkbox"/> Fug <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		3

Offense Code(s) 1 2 3

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

VEH. TYPE TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

	YR/MAKE	SERIAL NO.	PLATE NO.	YR/STATE		
Truck/Tractor						
Semi						
Trailer						
Axle Wgt	1	2	3	4	5	6
Actual						
Legal						
Over						
Axle Wgt	7	8	9	10	11	
Actual						
Legal						
Over						

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____
 Veh. Imp. Traffic Crash Death Injury License Posted in Lieu of Bond
 Person in Active Military Service Yes No Appearance Certificate None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Appearance Date on or before _____
 Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)
 Court Address & Phone Number _____

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). Officer's ID No. _____
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief. Agency ORI _____
 Complainant's Signature and receipt if applicable Month Day Year
 Officer's Name (printed) Agency Name

CLC-01 (rev. 6/05)

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Commercial Law Citation**

US DOT # Ticket No. Victim Involved
 MPSC Detection Device BAC Dept. No.
 The People of: the State of Michigan Bill Number of
 Township City Village County Commodity
 OF: Local Use Local Use Arrest No.

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 Street City State Zip Code

Driver Name (First, Middle, Last) Defendant
 Street City State Zip Code

State Oper./Chauff. CDL Driver's License Number Date Month of Birth Day Year
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 COUNTY OF _____ DID THE FOLLOWING

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YR/MAKE	SERIAL NO.	PLATE NO.	YR/STATE
Truck/Tractor			
Semi			
Trailer			
Axle Wgt	1 2 3 4 5 6		
Actual			
Legal			
Over			
Axle Wgt	7 8 9 10 11		
Actual			
Legal			
Over			

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CLC-01 (rev. 6/05)

**State of Michigan
Commercial Law Citation**

<input type="checkbox"/> US DOT #	Ticket No.	<input type="checkbox"/> Victim Involved
<input type="checkbox"/> MPSC	Detection Device	BAC
The People of: <input type="checkbox"/> the State of Michigan		Dept. No.
<input type="checkbox"/> Township <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County	Bill Number	of
OF:	Commodity	
	Local Use	Local Use Arrest No.

THE UNDERSIGNED Month Day Year At approx. A.M. P.M. Incident No.

SAYS THAT ON:

Intra Carrier Name (Required) Defendant

Inter Street City State Zip Code

Owner Name Defendant

Street City State Zip Code

Driver Name (First, Middle, Last) Defendant

Street City State Zip Code

State Oper./Chauff. CDL Driver's License Number Date Month of Birth Day Year

Race Sex Height Weight Hair Eyes SSN (last 4 digits)

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COUNTY OF _____ DID THE FOLLOWING

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	YR/MAKE	SERIAL NO.	PLATE NO.	YR/STATE
Truck/Tractor				
Semi				
Trailer				

Axle Wgt	1	2	3	4	5	6
----------	---	---	---	---	---	---

Actual						
Legal						
Over						

Axle Wgt	7	8	9	10	11
----------	---	---	---	----	----

Actual					
Legal					
Over					

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____

Veh. Imp. Traffic Crash Death Injury License Posted in Lieu of Bond

Person in Active Military Service Yes No Appearance Certificate None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before _____

Hearing Date (if applicable) on _____ Contact Court

Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)

Court Address & Phone Number _____

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). Officer's ID No. _____

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief. Agency ORI MI- _____

Complainant's Signature and receipt if applicable Month Day Year

Officer's Name (printed) Agency Name

CLC-01 (rev. 6/05)

Ticket No.
Name
Case No.

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CLC-01 (rev. 6/05)

Name: Last First Middle

District Court Register of Actions Change of address listed below Citation No.

Violation Date Case No.

Bond History Per. Recog. Conditional Cash Surety 10% Cash Real Property Amount/Value of Bond: \$ Set by:

Appearance Attorney name Date: Waived Requested: Retained Grant Deny

Plea Admit Guilty Mute, Not Guilty Admit with Explanation Deny Not Guilty No Contest

Hearing/Trial Date Formal Hearing Informal Hearing Jury Trial Non-Jury Trial Hrg/Trial Date Time a.m. Adjournment Date Time a.m. p.m.

Notices to: Local Attorney Pros. Attorney Police Agency Def. Attorney Findings Responsible Not Responsible By Default Guilty Not Guilty As Charged Nolle Prosequi Guilty as Amended Dismissed

Sentence State Ordinance Fine Court Costs State Fees Bond Fee Other Witness Fees Credit Total \$ \$ \$ \$ \$ \$ \$ \$

Days Credit Days Payment Date Installment Amount and Terms \$

Additional Sanctions

Appeals Appeal Bond \$ Appeal to: Court

DATE ACTIONS, CASE NOTES

DATE	NAME:
	Last
	First
	Middle
	Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY

Name: Last First Middle

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DATE ACTIONS, CASE NOTES

Table with 3 columns: DATE, ACTIONS, CASE NOTES. Includes labels for Name: Last, First, Middle, Citation No.

Judge/Magistrate/Deputy Clerk

COURT COPY

Name: Last First Middle

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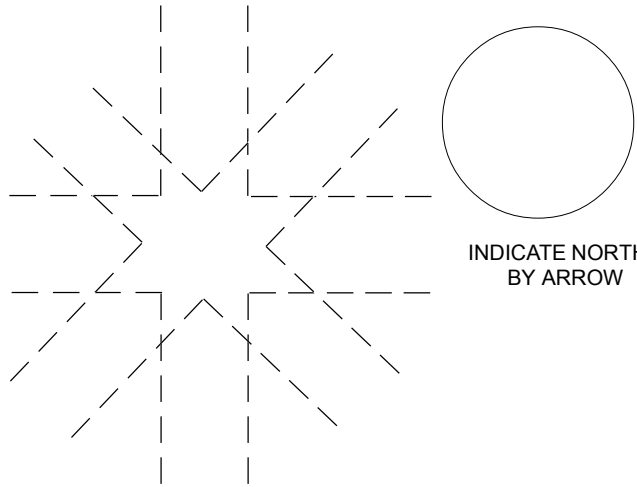
Table with columns for Date, Actions, Case Notes, and Name (Last, First, Middle, Citation No.).

Judge/Magistrate/Deputy Clerk

COURT COPY



OFFICER'S NOTES



WEATHER	HIGHWAY	TRAFFIC	LIGHT
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium
<input type="checkbox"/> Raining	<input type="checkbox"/> Muddy	<input type="checkbox"/> Gravel	<input type="checkbox"/> Heavy
<input type="checkbox"/> Snowing	<input type="checkbox"/> Snowy	<input type="checkbox"/> Unimproved	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Fog	<input type="checkbox"/> Icy	<input type="checkbox"/> Divided	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Sleet	<input type="checkbox"/> Loose material	_____ lanes	<input type="checkbox"/> Cross Traffic
			<input type="checkbox"/> Daylight
			<input type="checkbox"/> Darkness
			<input type="checkbox"/> Dawn
			<input type="checkbox"/> Dusk
			<input type="checkbox"/> Other _____

Remarks

DISPOSITION

Judge/Magistrate _____

Court _____ Date _____

Location _____

Findings: Guilty/Responsible Not Guilty/Responsible Dismissed

Probation _____ Other _____

Remarks _____

POLICE/ENFORCEMENT AGENCY/PROSECUTOR COPY



**MISDEMEANOR
READ CAREFULLY**

WARNING: If you fail to answer this citation by the date specified on the front of this citation, the court will issue a warrant for your arrest and, if this is a traffic violation, your driver license will be suspended.

NON-Resident: Deposit of a cash bond or guaranteed appearance certificate does not constitute payment, and forfeiture of the bond will not dispose of this case.

RIGHTS: You have the right to:

- plead guilty or not guilty;
- have a trial by judge or jury;
- confront and present witnesses, testify, or remain silent;
- have all charges arising out of the same transaction determined at one trial.
- be represented by an attorney;
- be presumed innocent until proven guilty;

You may enter a plea of guilty or a plea of not guilty in person, by representation, or by mail. The court, however, may require your personal appearance. You must enter a plea on each charge listed on the front of this ticket by checking the appropriate box for each charge and signing your name.

MANDATORY COURT APPEARANCE: (unless waived by the court)

- Personal Injury Cases
- Operating vehicle while impaired
- Operating vehicle under the influence of alcohol/controlled substance
- Operating vehicle with unlawful blood alcohol level
- Reckless Driving
- Leaving the scene of an accident
- Driving while license is revoked or suspended
- All juvenile misdemeanors
- All nontraffic offenses

If this is for a nontraffic offense, be sure to bring this complaint with you when you appear before the court.

TO PLEAD GUILTY and pay your fine and costs by mail, do the following: Contact the court for the amount of your fine and costs; sign below and send this copy and your certified check or money order to the court at the address indicated on the front of the citation on or before the date specified on the front of the citation. **You may also appear in court to plead guilty on or before that date.**

I enter my appearance in this case. I have been informed of my rights as set forth above. I understand that this plea will result in a judgment of conviction and that a record of the judgment will be sent to the Secretary of State. I voluntarily and knowingly waive those rights and plead guilty to the offense as charged.

- Charge 1 Signature _____ Date _____
- Charge 2 Signature _____ Date _____
- Charge 3 Signature _____ Date _____

TO PLEAD NOT GUILTY: (traffic ticket only)

If a **hearing date** is specified on the front of this citation, you must appear in court on that date for trial; **or,** If an **appearance date** is specified on the front of this citation, you may sign below and mail this copy to the court at the address on the front of this citation on or before that date to plead not guilty. The court will notify you of your **hearing date.** You may also appear in court to plead not guilty on or before the **appearance date.**

I enter my appearance in this case and plead not guilty.

- Charge 1 Signature _____ Date _____
- Charge 2 Signature _____ Date _____
- Charge 3 Signature _____ Date _____

VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:

Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

OFFICER CERTIFICATION I certify that the violation described on the front of the citation has been corrected.

Charge 1 Signature _____ on front of ticket.

For Charges Charge 2 Signature _____ on front of ticket.

Charge 3 Signature _____ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

PLEASE NOTE: If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

MISDEMEANOR COPY

CIVIL INFRACTION - READ CAREFULLY

WARNING: If you fail to appear by the date specified on the front of this citation or at the date and time scheduled for hearing, a default judgment will be entered against you. A person who fails to answer a citation is guilty of a misdemeanor. Timely application to the court for a hearing or return of the citation with an admission of responsibility and with full payment of applicable civil fines and costs constitute a timely appearance.

If this is a traffic violation and you fail to answer this citation or a notice to appear, the Secretary of State will suspend your driver license.

If this is a state civil infraction and you fail to answer this citation or a notice to appear, the Secretary of State will not issue or renew your driver license.

If this is a municipal civil infraction and you fail to answer this citation or a notice to appear in court or to comply with a judgment, the municipal agency that alleged the violation and the prosecutor may try to collect the judgment through civil post judgment collection procedures. You are alleged to be responsible for a civil infraction. For each charge listed on the front of this ticket, you must either: 1) admit responsibility; or 2) admit responsibility with explanation; or 3) deny responsibility. Check the appropriate box for each charge and sign your name.

ADMIT RESPONSIBILITY by mail, in person, or by representation.

BY MAIL. Contact the court indicated on the front of this citation and obtain the amount of your fine and costs. Sign below. Mail this copy with your certified check or money order to the court clerk, on or before the date specified on the front of this citation.

IN PERSON OR BY REPRESENTATION. Sign below. You or your representative must bring this copy to the court clerk at the address indicated on the front of this citation on or before the date specified on the front of this citation.

I enter my appearance, waive my right to a hearing, and I admit responsibility for the civil infraction alleged on the front of this citation.

Charge 1 Signature _____ Date _____

Charge 2 Signature _____ Date _____

Charge 3 Signature _____ Date _____

ADMIT RESPONSIBILITY WITH EXPLANATION. You may admit responsibility with explanation of the circumstances of the violation which the court may consider in determining the amount of your fine and costs. You may admit responsibility with explanation by mail, in person, or by representation.

IN PERSON OR BY REPRESENTATION. Contact the court on or before the date specified on the front of this citation in person, by mail, by telephone, or by representation to obtain a time to appear in court to give your explanation.

BY MAIL. Sign below. Mail this copy and your explanation on a separate sheet of paper to the court clerk at the address indicated on or before the date specified on the front of this citation. The court will mail you its determination and, if applicable, order any fine and costs to be paid by you.

I enter my appearance by mail, waive my right to a hearing, and admit responsibility with explanation for the civil infraction alleged on the front of this citation.

Charge 1 Signature _____ Date _____

Charge 2 Signature _____ Date _____

Charge 3 Signature _____ Date _____

DENY RESPONSIBILITY. To deny responsibility you must either:

1. Appear in person in court for an informal hearing before a magistrate, referee, or judge; neither side may have an attorney, OR
2. Appear in court for a formal hearing before a judge. An attorney will be with the officer. You may be represented by an attorney.

If a **hearing date** is specified on the front of this citation, you must appear on that date for an informal hearing unless you contact the court at least 10 days before that date by mail, telephone, representation, or in person to request a formal hearing.

If an **appearance date** is specified on the front of this citation, you must contact the court on or before that date by mail, telephone, representation, or in person to obtain a hearing date. The court will schedule an informal hearing unless you request a formal hearing. A municipal agency may also request a formal hearing.

Charge 1 Charge 2 Charge 3

VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS:
Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

OFFICER CERTIFICATION I certify that the violation described on the front of the citation has been corrected. Charge 1 Signature _____ on front of ticket.

For Charges Charge 2 Signature _____ on front of ticket.

Charge 3 Signature _____ on front of ticket.

Officer's Signature	Officer's ID No.	Date
Agency Name	Agency ORI	

Notify the court and the Secretary of State immediately if you change your address.

PLEASE NOTE: If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.

CIVIL INFRACTION COPY