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	\ C	VIOLATOR NAME (Last)		(First)				(Initial) BI	RTH DATE (MM/DD/YY)
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### 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.

Χ				
Signa	ture of Violator		Date	
2	I REQUEST A COURT HEARING, on this citation, and I request a pay a \$25 court filing fee before ing and I must appear in court and this citation in the envelope ing request/filing fee box on the fr	civil hearing befor the court will notif on the scheduled provided and mai	re a court magistrate. I ut fy me by mail of the date date and time. Place you il it to the address below	nderstand that I must and time of the hear- ir \$25 court filing fee

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	
Signature of Violator	Date

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	
SIGNATURE OF VIOLATOR	DATE

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

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ND NR RG

I CERTIFY THAT THE INFORMATION RELATING TO "JUDGMENT," "JUDGMENT DATE" AND "COMMENT", ENTERED ON THE REVERSE SIDE OF THIS

COURT VALIDATION STAMP	CITATION, IS TRUE AND CORRECT.
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# APPROVED CODES FOR USE IN ENTERING JUDGMENT INFORMATION ON THIS ABSTRACT

= Guilty

= Not Guilty

= Responsible

= Not Responsible

= Not Responsible

= Not Responsible

= Not Delinquent

= Filed (only by judge, where allowed by law) DR DR CW | | | | | |

	MA	SSACHUSETT	S UNIFOR	M CITATION		TYPE OF (		<u> </u>	
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NO. LANES:

OFFICER'S NOTES FOR TESTIFYING IN COURT

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# 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.

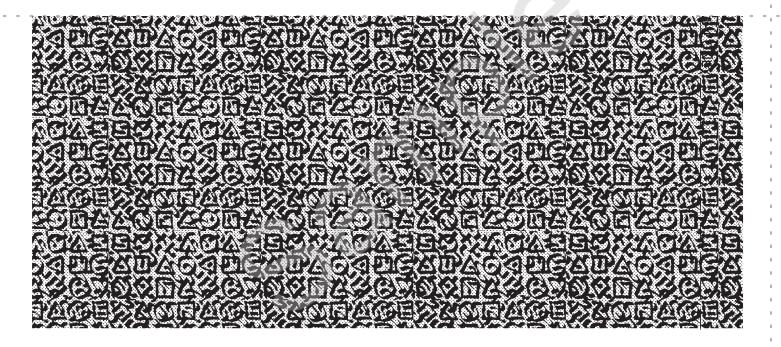
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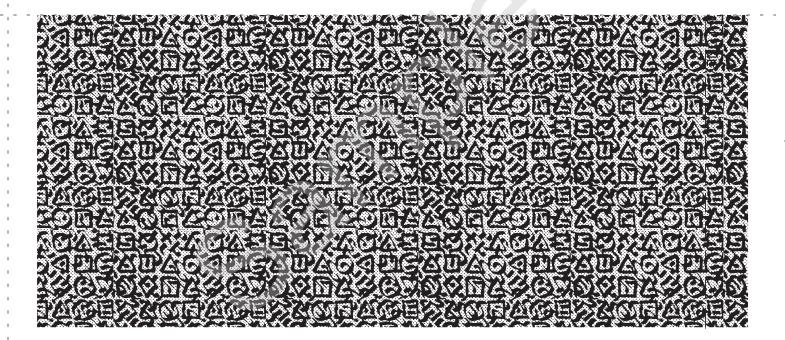
## **REMOVE THIS EDGE BEFORE MAILING**

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# **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.

		PLACE STAMP HERE The Post Office will not deliver
☐ CHECK HERE IF NEW ADDRESS		mail without postage
☐ PAYMENT		
☐ HEARING REQUEST/FILING FEE		
	CITATION PROCESSING CENTER	
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