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CONSECUTIVE NUMBERING  
BARCODE PTS 1 & 4 ONLY

FLORIDA DUI UNIFORM TRAFFIC CITATION

XXXXXXXX

COUNTY OF		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME _____	
		AGENCY # _____	
<b>COMPLAINT</b> (RETAINED BY COURT)			
DAY OF WEEK	MONTH	DAY	YEAR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST		MIDDLE	LAST
STREET _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE →			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH MO DAY	YR	RACE SEX HGT
DRIVER LICENSE NUMBER	<b>RULES SCREENED 20%</b>		COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE	MAKE	STYLE	COLOR
VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY			MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
			COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF \_\_\_\_\_

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) \_\_\_\_\_ RE-EXAM  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE	SECTION	SUB-SECTION
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE \_\_\_\_\_ TIME **XXXXXXXX**

\_\_\_\_\_ COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR \_\_\_\_\_

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

HSMV 75904 (Rev. 10/14)

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### FLORIDA DUI UNIFORM TRAFFIC CITATION **XXXXXXXX**

COUNTY OF _____		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) _____		AGENCY NAME _____	
AGENCY # _____			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON <b>ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION</b>			
DAY OF WEEK	MONTH	DAY	YEAR <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST _____		MIDDLE _____ LAST _____	
STREET _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY _____		STATE _____	ZIP CODE _____
TELEPHONE NUMBER _____	DATE OF BIRTH MO _____ DAY _____	YR _____	RACE _____ SEX _____ HGT _____
DRIVER LICENSE NUMBER _____	STATE _____ CLASS _____	CDL LICENSE <input type="checkbox"/> Y <input type="checkbox"/> N	YR. LICENSE EXP. _____
YR. VEHICLE MAKE _____		STYLE _____	COLOR _____
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____		MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
FT. _____ MILES _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____	

**DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF \_\_\_\_\_**

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) \_\_\_\_\_ RE-EXAM  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE _____	SECTION _____	SUB-SECTION _____
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO

**THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.**

COURT DATE \_\_\_\_\_ TIME **XXXXXXXX**

COURT AND LOCATION \_\_\_\_\_

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X SIGNATURE OF VIOLATOR \_\_\_\_\_

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LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

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RANK - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

HSMV 75904 (Rev. 10/14)

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### FLORIDA DUI UNIFORM TRAFFIC CITATION **XXXXXXXX**

COUNTY OF _____		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) _____		AGENCY NAME _____	
AGENCY # _____			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON <b>DHSMV RECORD</b> <b>FORWARD TO DESIGNATED DHSMV HEARING OFFICE</b>			
DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST _____		MIDDLE _____ LAST _____	
STREET _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY _____		STATE _____	ZIP CODE _____
TELEPHONE NUMBER _____	DATE OF BIRTH MO _____ DAY _____	YR _____	RACE _____ SEX _____ HGT _____
DRIVER LICENSE NUMBER _____	STATE _____ CLASS _____	CDL LICENSE <input type="checkbox"/> Y <input type="checkbox"/> N	YR. LICENSE EXP. _____
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____		MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
FT. _____ MILES _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____	

**DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF \_\_\_\_\_**

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) \_\_\_\_\_ RE-EXAM  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE _____	SECTION _____	SUB-SECTION _____
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO

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COURT DATE \_\_\_\_\_ TIME **XXXXXXXX**

COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

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LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

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RANK - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_  
HSMV 75904 (Rev. 10/14)

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CONSECUTIVE NUMBERING  
BARCODE PTS 1 & 4 ONLY

FLORIDA DUI UNIFORM TRAFFIC CITATION

XXXXXXXX

COUNTY OF _____		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) _____		AGENCY NAME _____	
AGENCY # _____			
<b>SUMMONS (VIOLATOR'S COPY)</b>			
DAY OF WEEK _____	MONTH _____	DAY _____	YEAR _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST _____		MIDDLE _____ LAST _____	
STREET _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE →			
CITY _____		STATE _____	ZIP CODE _____
TELEPHONE NUMBER _____	DATE OF BIRTH MO _____ DAY _____	YR _____	RACE _____ SEX _____ HGT _____
DRIVER LICENSE NUMBER _____	STATE _____ CLASS _____	CDL LICENSE <input type="checkbox"/> Y <input type="checkbox"/> N	YR. LICENSE EXP. _____
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____		MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
FT. _____ MILES _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____	

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COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

RE-EXAM  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE	SECTION	SUB-SECTION
<input type="checkbox"/> CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	<input type="checkbox"/> INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO

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COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ **XXXXXXXX**

COURT AND LOCATION \_\_\_\_\_

ARREST DELIVERED TO \_\_\_\_\_ DATE \_\_\_\_\_  
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X SIGNATURE OF VIOLATOR \_\_\_\_\_  
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LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_  
ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

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COUNTY OF _____		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) _____		AGENCY NAME _____	
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FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____			

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COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation) \_\_\_\_\_ RE-EXAM  YES  NO

<input type="checkbox"/> AGGRESSIVE DRIVER	<input type="checkbox"/> PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE STATUTE _____	SECTION _____	SUB-SECTION _____
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE TO OTHER PROPERTY <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO

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**EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:**

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

**UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.**

AT THE \_\_\_\_\_ BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

HSMV 75904 (Rev. 10/14)

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**COMPLAINT**

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ _____ SIGNATURE OF JUDGE
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →

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**FLORIDA DUI  
UNIFORM TRAFFIC CITATION REPORT OF DISPOSITION  
ABSTRACT OF COURT RECORD FOR  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
MUST BE REPORTED WITHIN 10 DAYS AFTER FINAL ADJUDICATION**

**I. COURT ACTION**

DEFENDANT'S PLEA: (CHECK ONE)  GUILTY  NOT GUILTY  NOLO CONTENDERE  
TRIAL:  1 JURY  2 NON-JURY  
 1 DEFENDANT REPRESENTED BY COUNSEL  2 DEFENDANT WAIVED COUNSEL

TOTAL FINE AMOUNT  TOTAL COURT COSTS

**VERDICT**

**SENTENCE**

CHECK ONLY ONE:

CHECK ONLY WHEN VERDICT IS GUILTY OR ADJUDICATION WITHHELD BY JUDGE.

- 1 GUILTY
- 6 ESTREATED OR FORFEITED BOND
- 9 ADJUDGED DELINQUENT (JUVENILE ONLY)
- 2 NOT GUILTY
- 3 DISMISSED
- 8 NOLLE PROSEQUI
- A ADJUDICATION WITHHELD BY JUDGE
- B OTHER \_\_\_\_\_  
EXPLAIN

- 1 SERVED TIME
- 2 SENTENCE WITHHELD, DEFERRED OR SUSPENDED
- 3 PROBATION
- 4 TRAFFIC SCHOOL
- 5 FINE AND/OR COSTS
- 6 LICENSE ACTION ONLY  
EXPLAIN BELOW
- 7 OTHER \_\_\_\_\_  
EXPLAIN
- 8 COMMUNITY SERVICE
- 9 INCARCERATION (AFTER DISPOSITION)

**II.** \_\_\_\_\_  
IF ORIGINAL CHARGE IS CHANGED, ENTER CHARGE OF WHICH VIOLATOR WAS CONVICTED. DO NOT MAKE ANY ADDITIONAL CHANGES ON FRONT OR BACK OF THIS CITATION.  
ORIGINAL DUI CHARGE CHANGED PER STATE ATTORNEY  YES  NO

**III. LOCATION**

TYPE OF COURT (CHECK BOX)

COUNTY \_\_\_\_\_

1 COUNTY

CITY \_\_\_\_\_  
LOCATION OF TRIAL COURT

2 CIRCUIT

PRESIDING JUDGE \_\_\_\_\_

**IV. LICENSE ACTION**

COURT RECOMMENDS THE DEPARTMENT SUSPEND DRIVING PRIVILEGE

LENGTH \_\_\_\_\_

VIOLATIONS CARRYING MANDATORY REVOCATIONS

COURT MAY SPECIFY LENGTH \_\_\_\_\_ OR CHECK ONE:

- MINIMUM  MAXIMUM
- LICENSE PICKED UP BY COURT AND ATTACHED TO THIS REPORT AS REQUIRED BY F.S. 322.25.
- VIOLATOR'S ABILITY TO DRIVE IS QUESTIONABLE AND COURT RECOMMENDS RE-EXAMINATION.

**V. THE DATES BELOW MUST BE ENTERED ON ALL DISPOSITIONS**

FINAL ADJUDICATION OR ACTION ON \_\_\_\_\_ DATE

SUBMITTED TO DHSMV ON \_\_\_\_\_ DATE

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL SUBMITTING REPORT

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**Information Regarding Review Hearing**

**FINAL ORDER**

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may, request a formal or informal review of the suspension/disqualification, or if this is your first DUI related offense, you may waive the review and request a review to determine eligibility for a restricted license. If you want the department to conduct a review of your suspension/disqualification you must request such review at the location indicated on the reverse side. Your request must be submitted in writing **within ten calendar days** after the date of suspension/disqualification and include a copy of this notice. When requesting a review, or if this is your first DUI related offense and you wish to waive the review and request an eligibility review for a restricted license, you must include a non-refundable filing fee of \$25 made payable to DHSMV.

**REVIEW PROCESSES**

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer. The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

**WAIVER OF FORMAL/INFORMAL REVIEW**

If this is your first DUI related offense and you otherwise qualify, you may waive your right to a review of the suspension and receive a business purpose only license for use during the period your driver license is suspended. A non-refundable filing fee of \$25 made payable to DHSMV is required for determination of your eligibility for a restricted license.

**DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)**

1. Whether the law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
2. Whether the person had an unlawful blood or breath alcohol level (.08 or above).

**REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST**

1. Same as number one above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person whose license was suspended was told that if he or she refused to submit to such test his or her privilege to operate a motor vehicle would be suspended.

**IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES WILL BE CONSIDERED: DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL (.08 OR ABOVE)**

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
2. Whether the person had an unlawful blood-alcohol level of 0.08 or higher.

**REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST**

1. Same as number one above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement or correctional officer.
3. Whether the person was told that if he or she refused to submit to such test his or her driving privilege to operate a commercial motor vehicle would be disqualified.

**FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION AND A REVIEW OF YOUR ELIGIBILITY FOR A RESTRICTED LICENSE.**

**Location of Administrative Reviews Hearing Offices**

- |  |   |  |
|--|---|--|
| 1. <b>Clearwater 33762</b><br>4585 140th Avenue North,<br>Suite 1002 | 6. <b>Jacksonville 32210-3522</b><br>7439 Wilson Blvd.          | 11. <b>Panama City 32401-2230</b><br>237 West 15th Street (Lincoln Center)     |
| 2. <b>Daytona Beach 32114-4663</b><br>995 Orange Avenue              | 7. <b>Lantana 33462</b><br>1299 West Lantana Rd                 | 12. <b>Pensacola 32503-7450</b><br>100 Stumpfield Road                         |
| 3. <b>Ft. Myers 33901</b><br>4048 Evans Avenue, Suite 305            | 8. <b>Lauderdale Lakes 33144</b><br>3718-3 W. Oakland Park Blvd | 13. <b>Tallahassee 32399-0500</b><br>2900 Apalachee Parkway, Rm B141,<br>MS 85 |
| 4. <b>Ft. Pierce 34982-8105</b><br>3220 South Federal Hwy., Suite 8  | 9. <b>Miami 33144</b><br>7795 West Flagler Street, Suite 82C    | 14. <b>Tampa 33610-4479</b><br>2814 East Hillsborough Avenue                   |
| 5. <b>Gainesville 32609-2861</b><br>2815 N.W. 13th Street, Suite 302 | 10. <b>Melbourne 32901-7121</b><br>2325 S. Babcock Street       | 15. <b>Orlando 32810-4221</b><br>4101 Clarcona-Ocoee Road, Ste. 152            |
|  |   | 16. <b>Winter Springs 32708</b><br>154 Tuscawilla Road, Suite 1368             |

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**REPORT OF ACTION ON CASE**

**VIOLATIONS BUREAU:**

Date \_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

**COURT ACTION:**

Date \_\_\_\_\_ Plea \_\_\_\_\_

Disposition \_\_\_\_\_

Amt. of Fine Paid \$ \_\_\_\_\_ Costs \$ \_\_\_\_\_

License Action \_\_\_\_\_

**OFFICER'S NOTES FOR TESTIFYING IN COURT:**

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 5. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT	<input type="checkbox"/> Wet <input type="checkbox"/> Rain	CAUSED PERSON TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian	CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ped. <input type="checkbox"/> Hit fixed Object	<input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> Fatal <input type="checkbox"/> Vehicle	HIGHWAY TYPE <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided
DARKNESS	<input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted				
OTHER TRAFFIC PRESENT	<input type="checkbox"/> Cross <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same Direction				

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE DEFECTS**

Service Brake \_\_\_\_\_

Parking Brake \_\_\_\_\_

Headlights \_\_\_\_\_

Tail Lights \_\_\_\_\_

Stop Lights \_\_\_\_\_

Windshield Wiper \_\_\_\_\_

Horn \_\_\_\_\_

Tires \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_