

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

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 (#F APPLICABLE) _____		AGENCY NAME _____							
		AGENCY # _____							
<b>COMPLAINT (RETAINED BY COURT)</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 Y _____ N _____	YR LICENSE EXP. _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO				
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____	FLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO					
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____	≥ 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO					
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____				MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO					
FT. _____ MILES _____ N _____ S _____ E _____ W _____ OF NODE _____				COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO					

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)

<input type="checkbox"/> AGGRESSIVE DRIVER		PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE STATUTE _____	SECTION _____	SUB-SECTION _____		RE-EXAM <input type="checkbox"/> YES <input type="checkbox"/> NO
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 \_\_\_\_\_ CHECK DIGIT \_\_\_\_\_

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 THIS 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 IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F. S.
- 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 IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F. S.

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. SEE REVERSE SIDE.

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

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<b>COUNTY OF</b> _____	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
<b>CITY (#F APPLICABLE)</b> _____	<b>AGENCY NAME</b> _____
	<b>AGENCY #</b> _____

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON **ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION**

DAY OF WEEK	MONTH	DAY	YEAR	<input type="checkbox"/> AM. <input type="checkbox"/> PM.
<b>NAME (PRINT) FIRST</b> _____		<b>MIDDLE</b> _____		<b>LAST</b> _____
<b>STREET</b> _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE				
<b>CITY</b> _____		<b>STATE</b> _____	<b>ZIP CODE</b> _____	
<b>TELEPHONE NUMBER</b> _____	<b>DATE OF BIRTH</b> MO _____ DAY _____	<b>YR</b> _____	<b>RACE</b> _____	<b>SEX</b> _____ <b>HGT</b> _____
<b>DRIVER LICENSE NUMBER</b> _____	<b>STATE</b> _____	<b>CLASS</b> _____	<b>CDL LICENSE</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>YR. LICENSE EXP.</b> _____
<b>YR. VEHICLE</b> _____	<b>MAKE</b> _____	<b>STYLE</b> _____	<b>COLOR</b> _____	<b>FLACARDED HAZARDOUS MATERIAL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VEHICLE LICENSE NO.</b> _____	<b>TRAILER TAG NO.</b> _____	<b>STATE</b> _____	<b>YEAR TAG EXPIRES</b> _____	<b>≥ 16 PASSENGERS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY</b> _____				<b>MOTORCYCLE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FT.</b> _____ <b>MILES</b> _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<b>OF NODE</b> _____		<b>COMPANION CITATION(S)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

**COURT/DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **CHECK DIGIT** \_\_\_\_\_

\_\_\_\_\_ **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 THIS 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 IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F. S.
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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. SEE REVERSE SIDE.

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

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

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 (#F 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 <span style="float: right;"><b>DHSMV RECORD</b></span> <span style="float: right;"><b>FORWARD TO DESIGNATED DHSMV HEARING OFFICE</b></span>									
DAY OF WEEK	MONTH	DAY	YEAR						
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 Y _____ N _____	YR LICENSE EXP. _____	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO				
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____	FLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO					
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____	≥ 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO					
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____				MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO					
FT. _____ MILES _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____				COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO					

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)

<input type="checkbox"/> AGGRESSIVE DRIVER		PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE STATUTE _____	SECTION _____	SUB-SECTION _____		RE-EXAM <input type="checkbox"/> YES <input type="checkbox"/> NO
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 \_\_\_\_\_ CHECK DIGIT \_\_\_\_\_

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 THIS 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:**

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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. SEE REVERSE SIDE.

4B

1A

## FLORIDA DUI UNIFORM TRAFFIC CITATION

CHECK  
DIGIT

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 (#F 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 <b>SUMMONS (VIOLATOR'S COPY)</b>									
DAY OF WEEK	MONTH	DAY	YEAR					<input type="checkbox"/> AM. <input type="checkbox"/> PM.	
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 Y _____ N _____	YR LICENSE EXP. _____		COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____		PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE LICENSE NO. _____		TRAILER TAG NO. _____		STATE _____	YEAR TAG EXPIRES _____		≥ 16 PASSENGERS <input type="checkbox"/> YES <input type="checkbox"/> NO		
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____						MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
FT. _____ MILES _____ N _____ S _____ E _____ W _____ OF NODE _____						COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO			

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)

<input type="checkbox"/> AGGRESSIVE DRIVER		PASSENGER < 18 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE STATUTE _____	SECTION _____	SUB-SECTION _____		RE-EXAM <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____	CHECK DIGIT _____
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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RANK - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID. NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

5B

1A

**FLORIDA DUI UNIFORM TRAFFIC CITATION**

CHECK DIGIT

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 (# F APPLICABLE) _____		AGENCY NAME _____	
		AGENCY # _____	
<b>OFFICER - AGENCY COPY</b>			
DAY OF WEEK	MONTH	DAY	YEAR
			<input type="checkbox"/> AM. <input type="checkbox"/> PM.
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 Y <input type="checkbox"/> N <input type="checkbox"/>
			YR LICENSE EXP. _____
YR. VEHICLE _____	MAKE _____	STYLE _____	COLOR _____
		FLACARDED HAZARDOUS MATERIAL	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
VEHICLE LICENSE NO. _____	TRAILER TAG NO. _____	STATE _____	YEAR TAG EXPIRES _____
		≥ 16 PASSENGERS	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY _____			MOTORCYCLE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
FT. _____ MILES _____			COMPANION CITATION(S)
<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			<input type="checkbox"/> YES <input type="checkbox"/> NO

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
			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> AGGRESSIVE DRIVER	PASSENGER < 18 YEARS	STATE STATUTE	SECTION
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		SUB-SECTION
CRASH	DAMAGE TO OTHER PROPERTY	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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 _____	CHECK DIGIT _____
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 THIS 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 IF YOU HAVE BEEN PREVIOUSLY DISQUALIFIED UNDER SECTION 322.64, F. S.
- 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 IF PREVIOUSLY SUSPENDED UNDER SECTION 322.64, F. S.

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. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER _____	BADGE NO. _____	ID. NO. _____	TROOP UNIT _____
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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 →



**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 \_\_\_\_\_



## 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. 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 following the date of suspension/disqualification and include a copy of this notice. When requesting a review, you must include a non-refundable filing fee of \$25 made payable to DHSMV.

### INFORMAL REVIEW

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

### FORMAL REVIEW

The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

### 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 1 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.**

#### 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 32504-6331</b><br>7282 Plantation Road, Suite 406             |
| 3. <b>Ft. Myers 33901</b><br>4048 Evans Avenue, Suite 305            | 8. <b>Lauderdale Lakes 33311</b><br>3708 West 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 32609-2661</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>290 East State Road 434                     |



## DUI BOOK OFFICER'S RECEIPT

Department \_\_\_\_\_

No. From \_\_\_\_\_ Thru \_\_\_\_\_

Issued To - Officer's Name \_\_\_\_\_

Date Issued \_\_\_\_\_

Troop  
or  
Dist. \_\_\_\_\_

Issuing Authority \_\_\_\_\_

I, the undersigned, certify that I have personally examined each of the ten (10) prenumbered complaint forms with the numbers shown above and have found all said forms included in this book. I accept full responsibility and accountability for this uniform complaint book issued to me on the above date.

Signature of Officer \_\_\_\_\_

ID \_\_\_\_\_

### IMPORTANT

1. EACH CITATION IN THIS BOOK MUST BE ACCOUNTED FOR.
2. IF CITATION IS SPOILED WHILE WRITING IT OR IS NOT COMPLETED FOR ANY REASON, MARK VOID ACROSS IT, SIGN IT AND RETURN ALL COPIES TO PROPER AUTHORITY.
3. IF CITATION IS LOST OR MISSING BEFORE OR AFTER WRITING IT, AN AFFIDAVIT CONCERNING THIS FACT SHOULD BE EXECUTED AND TRANSMITTED TO THE PROPER AUTHORITY.
4. IF THE ENTIRE BOOK OF CITATIONS OR PART OF IT IS RENDERED UNUSABLE IN ANY WAY, IT SHOULD BE TURNED IN FOR TRANSMITTAL TO THE PROPER AUTHORITY.

#### **Section 316.1923, F.S. Aggressive Careless Driver**

DHSMV's interpretation of this statute is that an officer **is not** required to write two citations to check the aggressive driver box. If the driver commits two or more violations as listed in the aggressive careless driver definition we recommend that the box be checked regardless of the number of citations issued. The officer should provide an explanation as to why the box was checked on the comments line of the citation.

**As a reminder, you cannot cite a driver for aggressive careless driving. However, you should check the box to indicate that the driver committed aggressive careless violations.**

**Do NOT use the citation numbers of this booklet for tickets generated by portable electronic systems. Contact DHSMV, Bureau of Records to obtain valid electronic citation numbers.**