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PROOF

CONSECUTIVE NUMBERING
BARCODE PTS 1 & 4 ONLY

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXXXXX

COUNTY OF ☐ (1) F.H.P. ☐ (2) P.D. ☐ (3) S.O. ☐ (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

COMPLAINT
(RETAINED BY COURT)

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☐ 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

RULES SCREENED 20%

DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE ☐ Y ☐ N	YR. LICENSE EXP.	COMMERCIAL VEHICLE ☐ YES ☐ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL ☐ YES ☐ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS ☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY	MOTORCYCLE ☐ YES ☐ NO
	COMPANION CITATION(S) ☐ YES ☐ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ 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

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS ☐ YES ☐ NO	STATE STATUTE	SECTION	SUB-SECTION

CRASH ☐ YES ☐ NO	DAMAGE TO OTHER PROPERTY ☐ YES $ _____ ☐ NO	INJURY TO ANOTHER ☐ YES ☐ NO	SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☐ NO	FATAL ☐ YES ☐ NO

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

COURT DATE TIME XXXXXXX

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.

WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, YOU MAY REQUEST A REVIEW OF THE SUSPENSION BY FLHSMV BUREAU OF ADMINISTRATIVE REVIEWS OR 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. 09/19)

FACE 1; PERF AS SHOWN; SCREEN 20%

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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PROOF

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXXXXX

COUNTY OF

CITY (IF APPLICABLE)

☐ (1) F.H.P. ☐ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER

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

ABSTRACT OF COURT RECORD FOR STATE LICENSING AUTHORITY REPORT OF DISPOSITION

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☐ 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

RULES SCREENED 20%

DRIVER LICENSE NUMBER | STATE | CLASS | CDL LICENSE ☐ Y ☐ N | YR. LICENSE EXP. | COMMERCIAL VEHICLE ☐ YES ☐ NO

YR. VEHICLE | MAKE | STYLE | COLOR | PLACARDED HAZARDOUS MATERIAL ☐ YES ☐ NO

VEHICLE LICENSE NO. | TRAILER TAG NO. | STATE | YEAR TAG EXPIRES | ≥ 16 PASSENGERS ☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY | MOTORCYCLE ☐ YES ☐ NO

COMPANION CITATION(S) ☐ YES ☐ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ 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

☐ AGGRESSIVE DRIVER | PASSENGER < 18 YEARS ☐ YES ☐ NO | STATE STATUTE | SECTION | SUB-SECTION

CRASH ☐ YES ☐ NO | DAMAGE TO OTHER PROPERTY ☐ YES $ _____ ☐ NO | INJURY TO ANOTHER ☐ YES ☐ NO | SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☐ NO | FATAL ☐ YES ☐ NO

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

COURT DATE TIME

XXXXXXX

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

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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.

WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, YOU MAY REQUEST A REVIEW OF THE SUSPENSION BY FLHSMV BUREAU OF ADMINISTRATIVE REVIEWS OR 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. 09/19)

FACE 2; PERF AS SHOWN; SCREEN 20%

FLORIDA DUI
UNIFORM TRAFFIC CITATION REPORT OF DISPOSITION
ABSTRACT OF COURT RECORD FOR
FLORIDA 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

CHECK ONLY ONE:

- ☐ 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)

SENTENCE

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

- ☐ 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

COUNTY _____

CITY _____ (LOCATION OF TRIAL COURT)

PRESIDING JUDGE _____

TYPE OF COURT (CHECK BOX)

- ☐ 1 COUNTY
- ☐ 2 CIRCUIT

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 FLHSMV ON _____ (DATE)

_____
SIGNATURE OF INDIVIDUAL SUBMITTING REPORT

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8510008691 3B 1A

PROOF

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXXXXX

COUNTY OF	☐ (1) F.H.P. ☐ (2) P.D. ☐ (3) S.O. ☐ (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

FLHSMV RECORD
FORWARD TO DESIGNATED FLHSMV HEARING OFFICE

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☐ 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

RULES SCREENED 20%

DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE ☐ Y ☐ N	YR. LICENSE EXP.	COMMERCIAL VEHICLE ☐ YES ☐ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL ☐ YES ☐ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS ☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY	MOTORCYCLE ☐ YES ☐ NO
	COMPANION CITATION(S) ☐ YES ☐ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ 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

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS ☐ YES ☐ NO	STATE STATUTE	SECTION	SUB-SECTION

CRASH ☐ YES ☐ NO	DAMAGE TO OTHER PROPERTY ☐ YES $ _____ ☐ NO	INJURY TO ANOTHER ☐ YES ☐ NO	SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☐ NO	FATAL ☐ YES ☐ NO

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

COURT DATE TIME XXXXXXX

COURT AND LOCATION

ARREST DELIVERED TO _____ DATE _____

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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.

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

HSMV 75904 (Rev. 09/19)

FACE 3; PERF AS SHOWN; SCREEN 20%

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8510008691 4B 1A

8510008691 4B 1A

PROOF

CONSECUTIVE NUMBERING
BARCODE PTS 1 & 4 ONLY

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXXXXX

COUNTY OF

CITY (IF APPLICABLE)

☐ (1) F.H.P. ☐ (2) P.D. ☐ (3) S.O. ☐ (4) OTHER

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

SUMMONS
(VIOLATOR'S COPY)

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☐ 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

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UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY	MOTORCYCLE ☐ YES ☐ NO
	COMPANION CITATION(S) ☐ YES ☐ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ W OF NODE _____

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

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS ☐ YES ☐ NO	STATE STATUTE	SECTION	SUB-SECTION

CRASH ☐ YES ☐ NO	DAMAGE TO OTHER PROPERTY ☐ YES $ _____ ☐ NO	INJURY TO ANOTHER ☐ YES ☐ NO	SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☐ NO	FATAL ☐ YES ☐ NO

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COURT DATE TIME XXXXXXX

COURT AND LOCATION

ARREST DELIVERED TO _____ DATE _____

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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. 09/19)

FACE 4; PERF AS SHOWN; SCREEN 20%

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 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 with the Bureau of Administrative Reviews. Your request must be submitted in writing **within ten calendar days** of the date of the 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 FLHSMV.

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 FLHSMV is required to determine your eligibility for a restricted license. Please visit: www.flhsmv.gov/locations or call (850) 617-2080 for more information.

THE FOLLOWING ISSUES WILL BE CONSIDERED FOR 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).

FOR 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 that his or her privilege to operate a motor vehicle would be suspended.

IN CASE OF A DISQUALIFICATION FOR COMMERCIAL DRIVER LICENSE THE FOLLOWING ISSUES WILL BE CONSIDERED FOR 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.

FOR 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.

To find the Bureau of Administrative Reviews office nearest you, please visit: www.flhsmv.gov/locations or call (850) 617-2080.

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PROOF

FLORIDA DUI UNIFORM TRAFFIC CITATION XXXXXXX

COUNTY OF	☐ (1) F.H.P. ☐ (2) P.D. ☐ (3) S.O. ☐ (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

OFFICER - AGENCY COPY

DAY OF WEEK	MONTH	DAY	YEAR	☐ A.M. ☐ 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

RULES SCREENED 20%

DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE ☐ Y ☐ N	YR. LICENSE EXP.	COMMERCIAL VEHICLE ☐ YES ☐ NO

YR. VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZARDOUS MATERIAL ☐ YES ☐ NO

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	≥ 16 PASSENGERS ☐ YES ☐ NO

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY	MOTORCYCLE ☐ YES ☐ NO
	COMPANION CITATION(S) ☐ YES ☐ NO

FT. _____ MILES _____ ☐ N ☐ S ☐ E ☐ 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

☐ AGGRESSIVE DRIVER	PASSENGER < 18 YEARS ☐ YES ☐ NO	STATE STATUTE	SECTION	SUB-SECTION

CRASH ☐ YES ☐ NO	DAMAGE TO OTHER PROPERTY ☐ YES $ _____ ☐ NO	INJURY TO ANOTHER ☐ YES ☐ NO	SERIOUS BODILY INJURY TO ANOTHER ☐ YES ☐ NO	FATAL ☐ YES ☐ NO

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

COURT DATE TIME XXXXXXX

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.

WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, YOU MAY REQUEST A REVIEW OF THE SUSPENSION BY FLHSMV BUREAU OF ADMINISTRATIVE REVIEWS OR 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. 09/19)

FACE 5; PERF AS SHOWN; SCREEN 20%

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 ☐ Wet ☐ Rain	CAUSED PERSON TO DODGE ☐ Driver ☐ Pedestrian	CRASH? ☐ Yes ☐ No ☐ Ped. ☐ PD ☐ PI ☐ Fatal ☐ Vehicle ☐ Hit fixed Object ☐ Right Angle ☐ Head On ☐ Side Swipe ☐ Rear End ☐ Ran off Roadway ☐ Intersection	HIGHWAY TYPE ☐ 2 Lane ☐ 3 Lane ☐ 4 Lane ☐ 4 Lane Divided
DARKNESS ☐ Night ☐ Fog ☐ Rain ☐ Unlighted	JUST MISSED CRASH BY APPROX. _____ FT.		AREA: ☐ Rural ☐ Residential ☐ School ☐ Industrial ☐ Business
OTHER TRAFFIC PRESENT ☐ Cross ☐ Oncoming ☐ Pedestrian ☐ Same Direction			

_____

_____

_____

_____

_____

WITNESSES: _____

_____

_____

_____

VEHICLE DEFECTS

Service Brake _____

Parking Brake _____

Headlights _____

Tail Lights _____

Stop Lights _____

Windshield Wipers _____

Horn _____

Tires _____

Other _____

_____

_____