

United States District Court Violation Notice

(Rev. 1/2019)

Location Code	Violation Number	Officer Name (Print)	Officer No.
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YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense MM / DD / YYYY	Offense Charged <input type="checkbox"/> CFR <input type="checkbox"/> USC <input type="checkbox"/> State Code
Place of Offense	
Offense Description: <input type="checkbox"/> Equal Basis for Charge	HAZMAT <input type="checkbox"/>

DEFENDANT INFORMATION

Phone: () -		
Last Name	First Name	M.I.
Street Address		
City	State Zip Code	Date of Birth MM / DD / YYYY
Drivers License No.	CDL <input type="checkbox"/> D.L. State	Social Security No.
<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Height
	Weight	Weight

VEHICLE

Tag No.	State	Year	Model	PASS <input type="checkbox"/>	Color
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APPEARANCE IS REQUIRED

<p>A <input type="checkbox"/> If Box A is checked, you must appear in court. See instructions.</p>	<p>B <input type="checkbox"/> If Box B is checked, you must pay the total collateral or in lieu of payment appear in court. See instructions.</p>
<p>PAY THIS AMOUNT AT www.cvb.uscourts.gov →</p>	<p>\$ Forfeiture amount + \$30 Processing Fee \$ Total Collateral Due</p>

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address	Date
	Time

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or in lieu of appearance pay the total collateral due.

X Defendant Signature _____