

Court identification number

Prefix

Ticket number

COURT I.D.	PREFIX	TICKET NUMBER	Municipal Court of Anytown 123 Main Street Anytown, NJ 00000		
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:					
Driver's Lic. No.				Exp. Date	State
					<input type="checkbox"/> Commercial License
THE UNDERSIGNED CERTIFIES THAT					
Name	First	Initial	Last	(Please Print)	
Address					
City		State	Zip Code	Telephone	
Birth Date	Eyes	Sex	Weight	Height	Restrictions
DID UNLAWFULLY (PARK) (OPERATE) A					
Make of Vehicle	Year	Body Type	Color	<input type="checkbox"/> Commercial Vehicle	
Lic. Plate No.	State	Exp. Date	<input type="checkbox"/> Hazardous Material		
<input type="checkbox"/> Out of Service					
Offense Date	Month	Day	Year	Time	AM PM
LOCATION OF OFFENSE	C	O	D	E	Describe Location
Municipality	County		Mun. Code (Offense)		
Any Town	Any County				
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)					
TRAFFIC OFFENSES - (Check One) - TITLE 39					
<input type="checkbox"/> 3-4 Unregistered vehicle <input type="checkbox"/> 4-85 Improper passing <input type="checkbox"/> 3-29 Failure to exhibit documents <input type="checkbox"/> 4-97 Careless driving <input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS <input type="checkbox"/> 4-124 Failure to turn <input type="checkbox"/> 3-33 Unclear plates <input type="checkbox"/> 4-144 Failure to stop or yield <input type="checkbox"/> 3-66 Maintenance of lamps <input type="checkbox"/> 8-1 Failure to inspect <input type="checkbox"/> 3-76.2f Failure to wear seatbelt <input type="checkbox"/> 8-4 Failure to make repairs <input type="checkbox"/> 4-81 Failure to observe signal <input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone IN EXCESS OF SPEED LIMIT BY: <input type="checkbox"/> 1-9 MPH <input type="checkbox"/> 10-14 MPH <input type="checkbox"/> 15-19 MPH <input type="checkbox"/> 20-24 MPH <input type="checkbox"/> 25-29 MPH <input type="checkbox"/> 30-34 MPH <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> Construction Zone					
PENALTY SCHEDULE ON REVERSE					
PARKING OFFENSE					
<input type="checkbox"/> Overtime Meter No. <input type="checkbox"/> Prohibited Area <input type="checkbox"/> Double					
OTHER TRAFFIC/PARKING OFFENSE (Describe)					
Statute No.			Ordinance/Code No.		
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE			Month	Day	Year
Signature of Complaining Witness			Officer's ID. No.		
NOTICE TO APPEAR					
<input type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE	Month	Day	Year
			Time	Hour	AM PM
<input type="checkbox"/> Truck <input type="checkbox"/> Accident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage					
CONDITIONS	AREA	<input type="checkbox"/> Business	<input type="checkbox"/> School	<input type="checkbox"/> Residential	<input type="checkbox"/> Rural
	ROAD	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Snow	<input type="checkbox"/> Ice
	TRAFFIC	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	
	VISIBILITY	<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Fog
Equipment	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Pace	<input type="checkbox"/> Speed Measurement Device	<input type="checkbox"/> EBD	
Equipment Operator's Name			Operator ID No.	Unit Code	

Date offense occurred

Location offense occurred

Description of offense

Date ticket issued

Police officer's badge number

Date payment due / Court appearance

State Police Unit code

Charge number

Court appearance required indicator