

To DEFENDANT: SUMMONS YOU ARE **SUMMONED** AND **ORDERED TO APPEAR**

ON _____ AT _____ IN _____ COURT
AT _____ COUNTY, OHIO

CITY VILLAGE TOWNSHIP

PERSONAL APPEARANCE REQUIRED: Yes No **If you fail to appear** at this time and place you may be arrested or your license may be cancelled.

TICKET# _____ CASE# _____ REFERENCE# _____
NAME _____
STREET, CITY _____
COUNTY, STATE, ZIP _____
PHONE# _____ TEXT/PHONE NOTIFICATION APPROVED? Yes No

OPERATOR LICENSE / STATE ID# <input type="checkbox"/> NONE*		BIRTH DATE		ISSUE DATE		STATE	
		/ /		/ /			
* IF NO OL/STATE ID; REQUIRED DOCUMENTATION ATTACHED: <input type="checkbox"/> YES							
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)				SS# (last 4 digits)	
/ /		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> OTHER:					
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

To DEFENDANT: COMPLAINT ON _____ AT _____ Am/PM, YOU

Operated/Passenger/Parked/Walked a PASSENGER MOTORCYCLE BICYCLE OTHER: _____
 COMMERCIAL DOT# _____ ≥26,001 LBS. <16 PASS. BUS ≥16 PASS. BUS HAZ. MAT.
VEHICLE: YEAR _____ MAKE _____ MODEL _____
COLOR _____ LICENSE # _____ STATE _____
UPON A PUBLIC HIGHWAY, NAMELY _____ DIRECTION _____
AT/NEAR _____ (M.P. _____)
IN THE _____ OF _____ IN _____
COUNTY #: _____ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	SPEED: _____ MPH IN _____ MPH ZONE <input type="checkbox"/> OVER LIMITS <input type="checkbox"/> UNSAFE FOR CONDITIONS <input type="checkbox"/> ACDA <input type="checkbox"/> RADAR <input type="checkbox"/> AIR <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	OVI: <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL/DRUG OF ABUSE. <input type="checkbox"/> IN PHYSICAL CONTROL OF VEHICLE. <input type="checkbox"/> PROHIBITED BLOOD ALCOHOL CONCENTRATION. _____ BAC <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/> REFUSED	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
PRIOR OVIs:	# OF PRIOR OVIs _____ YEARS OF PRIOR OVIs _____	
<input type="checkbox"/>	DRIVER LICENSE: <input type="checkbox"/> NONE <input type="checkbox"/> NOT ON PERSON <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED EXPIRED: <input type="checkbox"/> <6 MONTHS <input type="checkbox"/> >6 MONTHS <input type="checkbox"/> FAILURE TO REINSTATE SUSPENSION TYPE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	SAFETY BELT: FAILURE TO WEAR <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> CHILD RESTRAINT <input type="checkbox"/> BOOSTER SEAT	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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<input type="checkbox"/> DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)		
PAVEMENT: <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW <input type="checkbox"/> ICE # OF LANES _____		
VISIBILITY: <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> DUSK <input type="checkbox"/> NIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> A/V		
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AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> FREEWAY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> SCHOOL		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ALMOST CAUSED <input type="checkbox"/> NON-INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL		
CRASH REPORT # _____		
REMARKS: _____		
ACCOMPANYING CRIMINAL CHARGE(S): <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES: _____		

This summons served personally on the defendant on _____ / _____ / _____
The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

CHARGING LAW ENFORCEMENT OFFICER _____

ISSUING LAW ENFORCEMENT OFFICER SAME AS ABOVE

ISSUING OFFICER: **VERIFY DEFENDANT'S ADDRESS.** IF DIFFERENT FROM LICENSE ADDRESS, WRITE CURRENT ADDRESS IN SPACE PROVIDED.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

COURT RECORD

CURRENT ADDRESS

SIGNATURE X

CO. RES.

PHONE (_____)

COURT CODE	UNIT	POST	DISTRICT

DOCKET # _____ PAGE # _____ CASE # _____

DEFENDANT'S ATTORNEY _____
NAME / ADDRESS / TELEPHONE _____

IF JUVENILE, PARENTS' NAMES _____

PHONE# _____

GRADE _____ SCHOOL _____

DATE **COURT ACTION: ORDERS**
BAIL

No BAIL - DEFENDANT CITED AND RELEASED.

BAIL IN THE AMOUNT OF \$ _____ SET BY JUDGE PURSUANT TO BAIL SCHEDULE.

BOND AMOUNT **BOND TYPE**

\$ _____ CASH PERSONAL 10% AAA/INSURANCE BOND
 UNSECURED SURETY OL HELD OTHER _____

DEPOSITOR: _____
NAME / ADDRESS / TELEPHONE _____

DEFENDANT RELEASED UPON EXECUTION OF BAIL, AS NOTED: _____ SEE BOND FORMS - RECEIVED BY: _____

CONTINUANCE REQUESTER: _____ **NEW DATE:** _____

CONTINUANCE REASON: _____

DEFENDANT FAILED TO APPEAR

ORDER SUPPLEMENTAL SUMMONS TO NEW DATE

ORDER OPERATOR'S LICENSE FORFEITURE BOND FORFEITURE

ORDER WARRANT: BOND AMOUNT \$ _____

SUMMONS ISSUED SERVED **DATE:** _____

WARRANT ISSUED EXECUTED **DATE:** _____

_____/_____/_____
Judge/Magistrate **DATE**

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
INITIAL PLEA					
TRIAL DATE					
FINDING					
FINE \$					
COSTS \$					
JAILTIME (DAYS)					

SUSPENDED					
FINES \$					
COSTS \$					
JAILTIME (DAYS)					

ADDITIONAL ORDERS

If OVI conviction: 72 hour program permitted in lieu of jail.

Defendant's License is **SUSPENDED** for _____ days / month(s) / year(s),
which shall commence _____ on and end on _____.

Defendant is granted **Limited Driving Privileges** as follows, effective: _____

Defendant to pay fines on **Payment Program** - see separate entry.

If **WAIVERED**: **MET** Requirements of Waiver **PAID** Fines and Costs **ACCEPTED** Guilty Plea(s)
 MADE Guilty Finding(s). Imposed Fines and Costs noted below.

_____/_____/_____
Judge/Magistrate **DATE**

FOR CLERK'S USE	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
FINES \$					
COSTS - LOCAL \$					
COSTS - STATE \$					
TOTAL \$					
RECEIPT #(s)					

If **WAIVERED**: Guilty Plea(s), Waiver(s) and Payments made: In Person By Mail
Receipt supplied to defendant: In Person Check is receipt By Mail via USPS FIRST CLASS LETTER
Waiver reviewed, found to be correct, and approved. RATE mail to Defendant's current address.

- Financial Responsibility **PROOF SHOWN**
- NO** Financial Responsibility **PROOF**: Clerk to notify BMV
- Financial Responsibility **PROOF NOT APPLICABLE**

_____/_____/_____
Clerk / Violations Clerk / Deputy Clerk

DATE Abstract Mailed to BMV

DATE Mayor's Court Transfer/Notice of Appeal

TICKET# _____

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COURT CASE _____ COURT NAME _____
CASE # _____ FR SHOWN: YES NO FR SHOWN - BMV to process. N/A

IF BOND FORFEITURE, DATE FORFEITED: _____
CONVICTION DATE: _____

	YES NO	YES NO	YES NO	NO	YES NO	YES NO
MOVING VIOLATION?						
PLEA CODE						
POINTS ASSESSED						
BMV OFFENSE CODE						
IF AMENDED, OFFENSE CODE						
FATALITY						

FOR BMV USE
 LICENSE SUSPENDED _____ days/months/years EFFECTIVE: _____ TO _____
 SUSPENSION CLASS _____
 MO - LIMITED DRIVING PRIVILEGES EFFECTIVE: _____ TO _____
(SEE SEPARATE ENTRY) SUSPENSION IS ON COUNT: _____ FRA SUSPENSION
 LICENSE FORFEITURE - SEE SEPARATE BMV FORM 2528
 OL CONFISCATED - DATE SENT TO BMV: _____
 OTHER INFORMATION - SEE REVERSE SIDE.

I hereby certify that the above statements are taken from the records of this Court.

AUTHORIZED SIGNATURE _____ DATE _____

CURRENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

[CANARY paper]

Text appears for information only. This text is not printed.
This page is not printed upon.

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ISSUING LAW ENFORCEMENT OFFICER SAME AS ABOVE

ISSUING OFFICER: **VERIFY DEFENDANT'S ADDRESS.** IF DIFFERENT FROM LICENSE ADDRESS, WRITE CURRENT ADDRESS IN SPACE PROVIDED.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

DEFENDANT'S COPY

CURRENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

COURT CODE	UNIT	POST	DISTRICT

TO DEFENDANT: Read this material carefully.

Personal Appearance Required.

If the officer marked this block on the face of the ticket, you must appear in court. Your **appearance in court is required** because the offenses cannot be processed by a traffic violations bureau.

Failure to Appear and/or Pay:

- The posting of bail or depositing your license as bond is to secure your appearance in court or the processing of the offenses through a traffic violations bureau. It is not a payment of fines or costs.
- If you do not appear at the time and place stated in the citation or if you do not timely process this citation through a traffic violations bureau, your license may be cancelled.
- Also, a warrant may be issued for your arrest, and you may be subject to additional criminal penalties.

These **offenses require court appearance** and may not be processed by a traffic violations bureau:

- Any indictable offense;
- Driving without being licensed to drive when jail is a possible penalty [Tr.R. 13(B)(5)];
- Operating a vehicle under the influence of alcohol or any drug of abuse;
- A third moving traffic offense within 12 months;
- Leave scene of accident;
- Passing a standing school bus;
- Driving while under suspension or revocation of driver's or commercial driver's license when jail is a possible penalty [Tr.R. 13(B)(4)];
- Willfully eluding or fleeing a police officer;
- Drag racing.

Waiverable through traffic violations bureau.

If you are charged with offenses other than those listed above, you may, at any time prior to arraignment, **plead guilty** to the offenses charged and dispose of the case without court appearance by:

- (1) appearing personally at the traffic violations bureau, signing the waiver printed below and paying the fines and costs, or
- (2) signing the waiver printed below and mailing it and a check, money order, or other approved payment for the total of the fines and costs to the traffic violations bureau at this traffic violations bureau address:

INSURANCE WARNING

Under Ohio law you are required to show proof of financial responsibility or insurance. If you did not do so at the time of receiving this ticket, **you must submit proof** of insurance when you appear in court on these offenses.

If you do not submit the required proof:

- your driver's license will be suspended and
- you may be subject to additional fees and insurance sanctions.

If you have any questions regarding the **proof filing**, you may call the traffic violations bureau at the telephone indicated.

For information regarding your **Duty To Appear** or the **Fines and Costs** amount(s), call:

Telephone Number(s) / Court Web Address

CONTESTED CASE; COURT APPEARANCE REQUIRED

If you desire to **contest the offenses** or if court **appearance is required**, you must appear at the time and place stated in the summons.

NOTICE TO DEFENDANT UNDER AGE EIGHTEEN

You **must appear** before the Juvenile Court at the time and place determined by that Court. The Juvenile Court will notify you when and where to appear. This ticket will be filed with the Juvenile Court, and may be used as a juvenile complaint.

Juvenile Court Address

For information regarding your **Duty to Appear** at Juvenile Court, call:

Telephone Number(s) / Juvenile Court Web Address

GUILTY PLEAS, NO CONTEST PLEAS, WAIVER OF TRIAL, PAYMENT OF FINES AND COSTS

I, the undersigned defendant, do hereby enter my written pleas of guilty to the offenses charged in this ticket. I realize that by signing these guilty pleas, I admit my guilt of the offenses charged and waive my right to contest the offenses in a trial before the court or jury. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I have not been convicted of, pleaded guilty to, or forfeited bond for two or more prior moving traffic offenses within the last 12 months. I plead guilty to the offense(s) charged.

FINES \$ _____

X

COSTS \$ _____

Defendant's Signature

TOTAL \$ _____

Address

TICKET# _____

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AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> FREEWAY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> SCHOOL		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ALMOST CAUSED <input type="checkbox"/> NON-INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL		
CRASH REPORT # _____		
REMARKS: _____		
ACCOMPANYING CRIMINAL CHARGE(S): <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES: _____		

This summons served personally on the defendant on _____ / _____ / _____
The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

CHARGING LAW ENFORCEMENT OFFICER _____

ISSUING LAW ENFORCEMENT OFFICER SAME AS ABOVE

ISSUING OFFICER: **VERIFY DEFENDANT'S ADDRESS.** IF DIFFERENT FROM LICENSE ADDRESS, WRITE CURRENT ADDRESS IN SPACE PROVIDED.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

AGENCY RECORD

COURT CODE	UNIT	POST	DISTRICT

CURRENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

To DEFENDANT: SUMMONS YOU ARE **SUMMONED** AND **ORDERED TO APPEAR**

ON _____ AT _____ IN _____ COURT
AT _____ COUNTY, OHIO

CITY VILLAGE TOWNSHIP

PERSONAL APPEARANCE **REQUIRED:** Yes No **If you fail to appear** at this time and place you may be arrested or your license may be cancelled.

TICKET# _____ CASE# _____ REFERENCE# _____
NAME _____
STREET, CITY _____
COUNTY, STATE, ZIP _____
PHONE# _____ TEXT/PHONE NOTIFICATION APPROVED? Yes No

OPERATOR LICENSE / STATE ID# <input type="checkbox"/> NONE*		BIRTH DATE		ISSUE DATE		STATE	
		/ /		/ /			
* IF NO OL/STATE ID; REQUIRED DOCUMENTATION ATTACHED: <input type="checkbox"/> YES							
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)				SS# (last 4 digits)	
/ /		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> OTHER:					
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

To DEFENDANT: COMPLAINT ON _____ / _____ / _____ AT _____ Am/PM, YOU

Operated/Passenger/Parked/Walked a PASSENGER MOTORCYCLE BICYCLE OTHER: _____
 COMMERCIAL DOT# _____ >26,001 LBS. <16 PASS. BUS >16 PASS. BUS HAZ. MAT.
VEHICLE: YEAR _____ MAKE _____ MODEL _____
COLOR _____ LICENSE # _____ STATE _____
UPON A PUBLIC HIGHWAY, NAMELY _____ DIRECTION _____
AT/NEAR _____ (M.P. _____)
IN THE _____ OF _____ IN _____
COUNTY #: _____ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	SPEED: _____ MPH IN _____ MPH ZONE <input type="checkbox"/> OVER LIMITS <input type="checkbox"/> UNSAFE FOR CONDITIONS <input type="checkbox"/> ACDA <input type="checkbox"/> RADAR <input type="checkbox"/> AIR <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	OVI: <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL/DRUG OF ABUSE. <input type="checkbox"/> IN PHYSICAL CONTROL OF VEHICLE. <input type="checkbox"/> PROHIBITED BLOOD ALCOHOL CONCENTRATION. _____ BAC <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/> REFUSED	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
PRIOR OVIs:	# OF PRIOR OVIs: _____ YEARS OF PRIOR OVIs: _____	
<input type="checkbox"/>	DRIVER LICENSE: <input type="checkbox"/> NONE <input type="checkbox"/> NOT ON PERSON <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED EXPIRED: <input type="checkbox"/> <6 MONTHS <input type="checkbox"/> >6 MONTHS <input type="checkbox"/> FAILURE TO REINSTATE SUSPENSION TYPE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	SAFETY BELT: FAILURE TO WEAR <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> CHILD RESTRAINT <input type="checkbox"/> BOOSTER SEAT	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE TRAFFIC OFFENDER		
<input type="checkbox"/> DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)		
PAVEMENT: <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW <input type="checkbox"/> ICE # OF LANES: _____		
VISIBILITY: <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> DUSK <input type="checkbox"/> NIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> A/V		
WEATHER: <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> NO ADVERSE <input type="checkbox"/> CONSTRUCTION ZONE		
TRAFFIC: <input type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> NONE <input type="checkbox"/> WORKERS PRESENT		
AREA: <input type="checkbox"/> BUSINESS <input type="checkbox"/> FREEWAY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RURAL <input type="checkbox"/> SCHOOL		
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ALMOST CAUSED <input type="checkbox"/> NON-INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL		
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CHARGING LAW ENFORCEMENT OFFICER _____

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