

**OKLAHOMA HIGHWAY PATROL  
OKLAHOMA UNIFORM VIOLATIONS COMPLAINT**

In the District Court

State of Oklahoma

County of \_\_\_\_\_ } -ss-

**SUMMONS**

The undersigned, being duly sworn, does depose and say upon oath that:

on or about (date) \_\_\_\_\_ at (24-hour time) \_\_\_\_\_ at or near (location) \_\_\_\_\_

County Number		East Control-Int.		North Location	
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at the location within the county aforesaid:  
Name (last, first middle) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate (mo., day, yr.)	Height	Weight	Race	Sex	Class	Endorsements
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Driver License Number	Withdrawal <input type="checkbox"/> Y <input type="checkbox"/> N	Month/Year	State
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Employer	Did Unlawfully <input type="checkbox"/>	Operate <input type="checkbox"/>	Park <input type="checkbox"/>
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Vehicle-Make	Year	Body Style-Color	Tag Number	Year	State
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CMV	<input type="checkbox"/> Y <input type="checkbox"/> N	CDL	<input type="checkbox"/> Y <input type="checkbox"/> N	Hazmat Placard Present or Required <input type="checkbox"/>	Accident: <input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> FATALITY
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**Entry of Appearance and Plea of eligible Defendant  
Notice to Defendant**

You are eligible to be released upon your personal recognizance and by doing so, promise to appear in court for arraignment or to otherwise satisfy the charges on this document.

**INSTRUCTIONS TO THE VIOLATOR**

You must either enter a plea or appear in court at the designated time. To enter a plea, place a check mark in one of the boxes on each charge indicating  Guilty or  Nolo Contendere and submit payment for the total amount/amounts. Failure to appear for arraignment at the prescribed time and date, or any subsequent dates and times as set by the court, or enter a plea of guilty or nolo contendere (no contest), to each charge on or before the arraignment time by submitting the bond for each charge, may result in:

1. Your driver license being suspended either in Oklahoma or your home state under the Nonresident Violator Compact.
2. If suspended, your license will remain suspended until the charge/charges are released by the court and a driver license processing fee and a reinstatement fee is paid to the Department of Public Safety, and
3. A warrant may be issued for your arrest.

I the undersigned, do hereby enter my appearance on each of the complaints listed below by checking  Guilty or  Nolo Contendere in the appropriate box beside each charge. I therefore waive my right on each said charge, to trial by court, or jury.

I have enclosed a check or money order (**DO NOT MAIL CURRENCY**) in the amount of the total bond or bonds selected and understand that by signing below I am waiving my right to appear for court or jury trial for those charges. Under Oklahoma law a dishonored check or other dishonored payment is considered "NONPAYMENT" of the fine and costs. I agree to appear for arraignment on the specified dates for any remaining charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

DPS Citation Number	<input type="checkbox"/> Guilty	<input type="checkbox"/> Nolo Contendere	<b>(DPS USE)</b>
<b>SPEEDING</b>	MPH in	MPH Zone	Pace Radar Plane Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Violation Description			
Contrary to Title _____ O.S., Section _____			
Minimum Fine and Costs _____			
Officer's Remarks:			

I, the undersigned arresting officer, hereby certify and swear that I have read the foregoing information and know the facts and contents thereof and that the facts supporting the criminal charges stated therein are true.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_ Badge No. \_\_\_\_\_ Troop \_\_\_\_\_

Court appearance on or before: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Address of Court \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Court \_\_\_\_\_

(Check One Box Only)

<input type="checkbox"/> Signed Personal Recognizance	<input type="checkbox"/> Bond Attached \$ _____	<input type="checkbox"/> Magistrate	<input type="checkbox"/> Jail	<input type="checkbox"/> Other
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Juvenile Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Make Payment Payable to Court Clerk**

Minimum Fine and Costs \_\_\_\_\_