

Tempe Police Department  
c/o Traffic Enforcement Office  
P.O. Box 42034  
Phoenix, AZ 85080

**Arizona Traffic Ticket and Complaint**

**IF YOU ARE PAYING**, make sure this address appears in the window of the enclosed envelope.

Al enviar el pago, asegúrese de que esta dirección se vea por la ventana del sobre provisto.

**Tempe Municipal Court  
140 E. 5th Street #150  
Tempe, AZ 85281-3735**

Without admitting responsibility, by signing, I hereby acknowledge receipt and waive service of this summons to avoid unnecessary costs of service to me. I declare under penalty of perjury, that all information provided by me on this document is true and correct (see waiver notice on page 3).

**TO AVOID COST OF SERVICE,  
THIS SECTION MUST BE  
COMPLETED AND SIGNED.**

X  Daytime Phone # \_\_\_\_\_  
(Signature)

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*Tear Here*

*Tear Here*

**IF YOU WERE NOT THE DRIVER**, make sure this address appears in the window of the enclosed envelope.

Si usted no era el conductor, asegúrese de que esta dirección se vea por la ventana del sobre provisto.

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P.O. Box 42034  
Phoenix, AZ 85080**

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X  Daytime Phone # \_\_\_\_\_  
(Signature)

*Tear Here*

*Tear Here*

*Tear Here*

**IF YOU ARE REQUESTING A HEARING OR PLAN TO ATTEND DRIVING SCHOOL**, make sure this address appears in the window of the enclosed envelope.

Si solicita audiencia de transito o participar al programa de manejo defensivo, asegúrese de que esta dirección se vea por la ventana del sobre provisto.

**Tempe Municipal Court  
140 E. 5th Street #150  
Tempe, AZ 85281-3735**

Without admitting responsibility, by signing, I hereby acknowledge receipt and waive service of this summons to avoid unnecessary costs of service to me. I declare under penalty of perjury, that all information provided by me on this document is true and correct (see waiver notice on page 3).

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X  Daytime Phone # \_\_\_\_\_  
(Signature)

OPTIONS PAGE



OPTION A: PAY THE SANCTION Fine Amount: \$ \_\_\_\_\_ Violator Name Citation #:
Opción A: Pagar la Multa Multa Nombre del Infractor Infracción #

Check (make all checks payable to "Tempe Municipal Court") Cashier's Check / Money Order
(Cheque Personal - extender todos los cheques a nombre de "Tempe Municipal Court") (Cheque de Caja / Orden de pago)

MasterCard Visa Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
(Número de tarjeta) (Fecha de vencimiento)

American Express Discover DL# \_\_\_\_\_

Credit card payments can be made by phone within Maricopa County at 480-350-8800 or outside of Maricopa County at 1-877-729-2687.
Los pagos con tarjeta de crédito se pueden hacer en persona o por teléfono dentro de Maricopa County al 480-350-8800 o fuera de Maricopa County al 1-877-729-2687.

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone: \_\_\_\_\_
(Nombre del portador de la tarjeta) (Firma) (Número de teléfono)

By paying, you (I) admit responsibility, (II) waive your right to a hearing and appeal, and (III - if cited for 28-645A3A) will be required to attend Traffic Survival School by Arizona Motor Vehicle Department.

Pagando, usted (I) admite responsabilidad, (II) renuncia a sus derechos a una audiencia y a una apelación, y (III - si lo citaron por 28-645A3A) el Departamento de Vehículos y Motores del Estado de Arizona lo obligará a asistir a una clase de Supervivencia de Tráfico.

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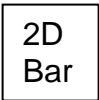
OPTION B: IDENTIFY DRIVER Violator Name Citation #:
Opción B: Identificar al Conductor

IF YOU WERE NOT THE DRIVER at the time of the violation, you may identify the driver in the space provided below. Sign this form and mail it in the enclosed envelope before {insert appearance date}. YOU MUST INCLUDE AN ENLARGED, CLEAR COPY OF YOUR DRIVER'S LICENSE TO NOMINATE ANOTHER DRIVER. If you no longer own the vehicle, identify the business or person to whom you sold the vehicle. No further action on your behalf is required if all requested information is provided. If your nomination is declined you will receive notification from the Court. If you are unsure what to do, call the FOCUS ON SAFETY CALL CENTER 1-800-752-4874.

SI USTED NO ERA EL CONDUCTOR cuando la infracción ocurrió, puede identificar al conductor en el espacio más abajo. Firme este documento y devuélvelo en el sobre provisto, antes de \_\_\_\_\_. TIENE QUE INCLUIR UNA FOTOCOPIA CLARA Y AMPLIADA DE SU LICENCIA DE CONDUCIR PARA NOMINAR A OTRO CONDUCTOR. Si usted ya no es el dueño del vehículo, identifique a la agencia o a la persona a quien le vendió el vehículo. Si llena toda información requerida, usted no tendrá que hacer nada más. Si rechazan el nombre nominado el Tribunal le notificará a usted. Si no está seguro de cómo proceder, llame a la compañía, FOCUS ON SAFETY CENTRO DE SERVICIO AL CLIENTE, al 1-800-752-4874.

Name (Last, First, Middle): \_\_\_\_\_ Driver's License #: \_\_\_\_\_
(Nombre : Apellido de padre, Nombre de pila, Apellido de mamá) (Número de la licencia de conducir)
Address (Number & Street): \_\_\_\_\_ Driver's License State: \_\_\_\_\_
(Domicilio-número y calle) (Estado de la licencia de conducir)
City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
(Ciudad, Estado, Código Postal) (Fecha de Nacimiento)

I declare under penalty of perjury, the information provided here is true and correct to the best of my knowledge.
Juro bajo la pena de perjurio que la información que he dado es correcta a mi leal saber y entender.



Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_
(Firma) (Nombre en letra de Molde) (Número de teléfono durante el día)

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Violator Name Citation #

OPTION C: REQUEST A TRIAL/HEARING
Opción C: Solicitar una juicio/audiencia de tránsito

I am requesting a trial/hearing. (Solicito un juicio/audiencia de tránsito.)
I will be represented by an attorney. (Seré representado por un abogado.)
I will require the assistance of an interpreter. (Necesitaré un intérprete.)
LANGUAGE (IDIOMA): \_\_\_\_\_

Defendant telephone number: \_\_\_\_\_
Defendant date of birth: \_\_\_\_\_
Defendant driver license #: \_\_\_\_\_

NOTE: If you request a trial date but fail to appear on the trial date or to pay the ticket before the trial date then your driving privileges will be suspended. (Si usted solicita un juicio/audiencia pero no se presenta la fecha debida o no paga la boleta antes de esa fecha, le suspenderán los privilegios de manejo.)
By requesting a hearing, you are hereby waiving your right to attend defensive driving school. (Solicitando una audiencia, usted renuncia al derecho de asistir a la clase de Manejo Defensivo.)

OPTION D: ATTEND DEFENSIVE DRIVING SCHOOL
Opción D: ASISTIR A LA CLASE DE MANEJO DEFENSIVO

I have contacted the defensive driving school and have scheduled an appointment to attend class. (Me he comunicado con la clase de manejo defensivo y me he inscrito en la clase)

For eligibility and contact information, refer to page 4. (Para los requisitos e información, vea la página 4.)

Defendant telephone number: \_\_\_\_\_
Defendant date of birth: \_\_\_\_\_
Defendant driver license #: \_\_\_\_\_

