


## VERMONT CIVIL VIOLATION, FISH AND WILDLIFE VIOLATION, MUNICIPAL VIOLATION

|   |  |   |   |  |  |  |
|---|--|---|---|--|--|--|
| <input type="checkbox"/> CDL  | <br><span style="font-size: 24pt; font-weight: bold;">4006211</span>                              |   |   |  | Form 500<br>Rev. 3/2019                  |  |
| License State   |  |   |   |  |  |  |
| Driver License Number   |  |   | Hunting/Fishing/Trapping License Number                             |  |  |  |
| Defendant Last or Organization Name   |  | First   | Mid. Initial  |  |  |  |
| Defendant Current Mailing Address   |  |   |   | Home Phone<br>- -  |  |  |
| City  | State  | Zip Code  | Business Phone<br>- -   |  |  |  |
| Date of Birth<br>- -  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female   | <input type="checkbox"/> Corp/Org<br><input type="checkbox"/> Other | Place of Birth  | Height   | Weight                                   |  |
| Vehicle or Boat Reg. number:  |  | State   | Year  | Make   | Color                                    |  |
| Violation Date<br>- -   |  | Time  | Municipality  |  |  |  |
| Highway   |  | Place or Landmark   |   |  |  |  |
| <b>Defendant did then and there commit the following acts in violation of Vermont /local law:</b>   |  |   |   |  |  |  |
| Alcohol Lev.<br>0. %  | Actual Speed<br>MPH  | Posted Limit<br>MPH   | <input type="checkbox"/> Accident                                   | <input type="checkbox"/> Fatality  | <input type="checkbox"/> Seat Belt Viol. |  |
| <input type="checkbox"/> Commercial Vehicle   | <input type="checkbox"/> Hazardous Material  | Municipal Ordinance   |   |  |  |  |
| In violation of V.S.A. §  |  | 49 C.F.R. §   |   | Violation Code   |  |  |
| PENALTIES   | If you plead <b>DENIED</b> and the State proves the violation, the penalty must be within the penalty range. Commonly, the waiver amount plus \$65.00 in court costs are assessed. |   | POINTS  | If you plead <b>ADMITTED</b> or <b>NO CONTEST</b> , you may pay the waiver amount instead of appearing in court. |  |  |
|   |  |   | PENALTY RANGE   |  |  |  |
|   |  |   | MINIMUM \$  | <b>WAIVER AMOUNT</b> → \$  |  |  |
|   |  |   | MAXIMUM \$  |  |  |  |
|   |  | RESTITUTION (F&W) +   |   |  |  |  |
| I have just and reasonable grounds to believe the person named above committed this violation.  |  |   |   |  |  |  |
| Delivered To (Defendant, Reg. Agent, or Corp. Officer)  |  | Date Served<br>- -  | <input type="checkbox"/> In Hand <input type="checkbox"/> U.S. Mail |  |  |  |
| Officer No.   | Officer Name (printed)   |   | Officer Signature   |  |  |  |
| Dept. No.   | Department Name  |   | <input type="checkbox"/> Related criminal charge                    |  |  |  |
| Parent or Guardian Last Name  |  | First Name  |   |  |  |  |
| Street Address  |  | City  | State   | Zip Code   |  |  |
| Servicemembers' Civil Relief Act Declaration: Signed under penalty of perjury, I state: <ul style="list-style-type: none"> <li><input type="checkbox"/> Defendant said he/she is NOT on active duty in the U.S. armed forces.</li> <li><input type="checkbox"/> Defendant is under 17 years of age.</li> <li><input type="checkbox"/> Defendant is a business or corporation.</li> <li><input type="checkbox"/> Defendant said he/she IS on active duty or is scheduled to be on active duty in the U.S. armed forces.</li> </ul> |  |   |   |  |  |  |
| Officer Signature:  |  |   |   | <b>ORIGINAL</b>  |  |  |