

UNIFORM SUMMONS AND COMPLAINT / PENALTY ASSESSMENT ___ of ___
 Colorado Springs Police Dept. Other Fingerprinted? Photographed?
 Municipal Court El Paso County Court El Paso County Juvenile Court Room 280 (See Below)
FOR OFFICIAL USE ONLY Municipal Court Re-Service
 Traffic Non Traffic Minor Operator Commercial Operator Juvenile (Parent must appear)

Accident/Case Number	
MNI	Booking Number
DRUGS / ALCOHOL / GANGS / HATE CRIMES / FIREARMS AGGRESSIVE DRIVING / NTU INTERSECTIONS	
SHO/DI Y N	Interpreter Needed? Y N

THE PEOPLE OF THE STATE OF COLORADO, CITY OF COLORADO SPRINGS vs:

First Name		Middle Name		Last Name				DOB		Age	
Address				City		State	Zip Code		Gang Y N	Registered Sex Offender Y N	
Home Phone		Probation/Parole Officer Name						Gang Set			
Employer / School			Address				City		State	Work Phone	
Drivers License Number		Presented? Y N	State	Race	Sex	Hgt	Wgt	Hair	Eyes	Skin Tone	SSN
Aliases			Scars/Marks/Tattoos						Place of Birth		
Vehicle License Number		State	Lic Year	Veh Year	Make	Model	Type or Body Style	Veh Color	Driver Passenger ()	Aggressive Driving Y N	
V.I.N. (last 4)		Evidence Y N	MNI Photos Y N	Weapon Used Y N	Weapon Description / Trailer Description						

YOU ARE HEREBY DIRECTED TO APPEAR AS INDICATED
 El Paso County Court (448-7650) 20 E Vermijo St., Rm. 103, Colorado Springs, Colorado on the _____ day of _____ 20____ at _____ AM / PM
 Colorado Springs Municipal Court (385-5922) 224 E. Kiowa St., Colorado Springs, Colorado on the _____ day of _____ 20____ at _____ AM / PM (Circle One)
SEE BACK FOR INSTRUCTIONS If this date falls on a weekend or holiday you are to appear on the next business day
TO ANSWER CHARGES OF VIOLATIONS OF : 1973 CRS as amended Colorado Children's Code The code of the City of Colorado Springs, 2001, as amended.

Charge No. 1	Section	Title	Com. Code	Fine \$	Surcharge \$	Points
Description						FELONY () MISD ()
Charge No 2	Section	Title	Com. Code	Fine \$	Surcharge \$	Points
Description						FELONY () MISD ()
Victims Brochure ()		Companion Summons Numbers			TOTAL TO BE PAID BY MAIL \$	TOTAL POINTS
APPROXIMATE LOCATION OF VIOLATION: Located in Colorado Springs, El Paso County, Colorado				Violation Mo Day Yr	Approx. Time of Violation	
CUSTODY / SERVICE / LOCATION				Service Mo Day Yr	Approx. Time	

NON PAYABLE SUMMONS TRAFFIC CRIMINAL **PAYABLE SUMMONS OR PENALTY ASSESSMENT** TRAFFIC INFRACTION TRAFFIC OFFENSE CRIMINAL

WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED AND I ACKNOWLEDGE RECEIPT OF THIS SUMMONS AND COMPLAINT

UPON PAYMENT WITHIN 20 DAYS, I WAIVE ALL RIGHTS LISTED ON THE REVERSE, I ACKNOWLEDGE GUILT OF ALL CHARGES CONTAINED HEREON AND UNDERSTAND THAT THE POINTS INDICATED ABOVE WILL BE ASSESSED AGAINST MY DRIVERS LICENSE (OR, FOR A CRIMINAL CHARGE, REPORTED TO MY CRIMINAL RECORDS). **IF I DO NOT MAKE PAYMENT WITHIN 20 DAYS, I AM NOT ADMITTING GUILT AND HEREBY PROMISE TO APPEAR AS INDICATED ABOVE.**

DEFENDANT _____ PARENT _____
 (IF DEFENDANT UNDER THE AGE OF 18)

() JUVENILE COMPLAINT AND REFERRAL
 YOU ARE REQUIRED TO APPEAR IN ROOM #280 OF THE EL PASO COUNTY COURT: 20 E. VERMIJO ST. ON THE _____ DAY OF _____ 20____ AT 9:00 A.M.

CHILD'S SIGNATURE _____ DATE/TIME _____ PARENT'S SIGNATURE _____ DATE/TIME _____

Parents Notified? Date: _____ Time _____ AM/PM Officer _____ NO: _____

Mother's Name / Address		Home Phone	Work Phone
Father's Name / Address		Home Phone	Work Phone
Guardian's Name / Address		Home Phone	Work Phone

SIBS Referral Y N 100 Families Y N Interviewed Y N Name of Parent / Guardian present during interview _____

Defendant Held in Custody EL PASO COUNTY CRIMINAL JUSTICE CENTER SPRING CREEK JUVENILE DETENTION CENTER
 Defendant released on Promise to Appear

The Undersigned have probable cause to believe that the defendant committed the offense(s) against the peace and dignity of the people of the State of Colorado; and that this Summons and Complaint was signed and served upon the defendant at the location and on the date referenced above.

OFFICER _____ / _____ NO. _____ OFFICER _____ / _____ NO. _____
Officer Signature Print Last Name Badge Number Officer Signature Print Last Name Badge Number

COMPLAINING WITNESS _____ SERVED BY _____ / _____ NO. _____
Officer Signature Print Last Name Badge Number