

LOST OR MISSING TRAFFIC CITATION OPTION FORM

(FOR USE WITH DR-49 MARYLAND UNIFORM COMPLAINT AND CITATION ONLY)

If you lost or misplaced your citation, you will need to complete this blank form, print and mail WITHIN 30 DAYS after receipt of the citation to:

District Court Traffic Processing Center
PO Box 6676
Annapolis, MD 21401

If you have more than one citation, you must send a separate form for each citation. You will need to access your citation information (citation number, fine amount, date of the violation, etc.) online using our public access site Case Search to complete the necessary information on the form so your payment or request can be applied correctly.

DISTRICT COURT OF MARYLAND UNIFORM COMPLAINT AND CITATION OPTION FORM (TRAFFIC CITATION)	
Return to: Traffic Processing Center P.O. Box 6676 Annapolis, MD 21401-0676	NAME _____
	COUNTY IN WHICH CITATION WAS WRITTEN: _____
	ADDRESS _____
	CITY, STATE, ZIP _____
	TELEPHONE NO. _____
	<input type="checkbox"/> Check if address on citation was different
WRITE IN YOUR CITATION NUMBER BELOW	CHECK THE APPROPRIATE BOX BELOW. IF MAILING IN FINE, FILL IN AMOUNT OF FINE.
<input type="checkbox"/> PAY FINE AMOUNT \$ _____	OR <input type="checkbox"/> REQUEST WAIVER HEARING
	<input type="checkbox"/> REQUEST TRIAL
Check the appropriate box and sign below to request a Waiver Hearing or Trial for any citations listed above.	
<input type="checkbox"/> Request Waiver Hearing - I admit that I committed the violation(s) charged in this citation. I am requesting a waiver hearing at which I may explain the circumstances to a judge. I know this is not a trial, the officer and witnesses will not be present, and that my appearance in court is for sentencing only.	
<input type="checkbox"/> Request Trial - I request a trial date for the violation(s) charged.	
_____ DATE	_____ DEFENDANT'S SIGNATURE