United States Dis Violation No		Cou	ırt	CVB Loc	cation Code	€	
Violation Number	Office	Name (Print)		Officer No	э.	g Es
YOU ARE CHARGED V	VÎTH T	HE F	OLL	OWING	VIOLA	AOIT	
Date and Time of Offense (mm/dd/yyyy)	Offens	e Charg	ed 🗆	CFR □U	SC □ Sta	ate Code	•
Place of Offense	•						
Offense Description							
DEFENDANT INFORMA	TION	Phone	:()	ş		i e
Last Name		Firs	t Nam	10		M.I	8
Street Address						<u> </u>	
City	State	Zip	Code	ā	Date of B	irth (mm	/dd/yyyy)
Drivers License No.	D.L	. State	Soci	al Security	No.		9
□ Adult □ Juvenile Sex □ Male	_	Hai	r	Eyes	Height		Weight
VEHICLE DESCRIPTION		1878	200 10	Wester Are as		500 V	
Tag No.	ate	Year	Mak	e/Model		Color	
A IF BOX A IS CHECKE MUST APPEAR IN COL INSTRUCTIONS (on back of yello	JRT. SEE	в□	PAY OR	BOX B IS AMOUN APPEAR INSTRUCTIO	NT INDIC	ATED RT.	BELOW
		\$		+ \$2	Forfe 25 Proc		Amount Fee
PAY THIS AMO	UNT →	\$	\$ Total Collateral Due				
Y (If no court appearance date is s	OUR C		(P) (F700)	2020	n carance	data by	mail)
Court Address	mown, you	I WIII DE	noune	и от уочи ар	Date (mm	097010	0:
					Time (hh:	mm)	
My signature signifies that I have rece I promise to appear for the hearing at							
X Defendant Signature	Origina	al - CVB	Сору				

FRONT - PAGE 1

STATEMENT OF PROBABLE CAUSE (For issuance of an arrest warrant or summons)

	, 20 while exercising my duties as a
law enforcement officer in the	District of
The foregoing statement is based	upon:
my personal observation	my personal investigation
other (explain above)	rom my fellow officer's observation
	e information which I have set forth above and on
the face of this violation notice is true and	d correct to the best of my knowledge.
Executed on:	
Date (mm/dd/yyyy)	Officer's Signature
Probable cause has been stated for	r the issuance of a warrant.
Executed on:	
Date (mm/dd/vvvv)	U.S. Magistrate Judge

United States Dis Violation N			C	ou	rt	CVB Lo	catio	n Code		
Violation Number	C	Officer	Nai	me (I	⊃rint)		Off	icer No).	
YOU ARE CHARGED	WIT	ΗТ	ΗE	FC	DLL	OWING	V	OLA	TIO	N
Date and Time of Offense (mm/dd/yyyy	y) O	ffense	e Ch	narge	d 🗆	CFR □U	ISC	□ Sta	ate Co	de
Place of Offense										5
Offense Description										
DEFENDANT INFORMA	ATIC	NC	Ph	one:	()		*	=	-
Last Name				First	Nan	ne			N	1.Le
Street Address										
City	Si	tate		Zip i	Code		Dat	e of B	irth (m	ım/dd/yyyy)
Drivers License No.		D.L.	. Sta	ite	Soc	ial Security	No.			28
□ Adult □ Juvenile Sex □ Male			Э	Hair	8	Eyes		Height		Weight
VEHICLE DESCRIPTION	- 2] - 22	IN:	94596		2723 40	I WARRIES AN AN			2012 - 601	
Tag No.	State		Ye	ar	Mak	e/Model			Color	8
A IF BOX A IS CHECK MUST APPEAR IN CO INSTRUCTIONS (on back of yel	URT.	SEE			PA' OR		NT :IN (INDIC COUF	ATE	OU MUST D BELOW w copy).
			-	\$		+ \$2	0.87003			Amount
PAY THIS AMO	OUN.	Τ →		\$ Total Collateral Due						
(If no court appearance date is	/OU						nnaa	ranca	data b	v mail)
Court Address	0110111	, , , , ,			Curio	a or your a	Seco	e (mm	097010	
							Tin	ie (hh:	mm)	
My signature signifies that I have rec I promise to appear for the hearing a										
X Defendant Signature	O	fficer	's C	ору (Pink)	1				

STATEMENT OF PROBABLE CAUSE (For issuance of an arrest warrant or summons)

	, 20 while exercising my duties as a District of
law enforcement officer in the	District of
The foregoing statement is based	upon:
my personal observation	my personal investigation
18-15: 3A4	from my fellow officer's observation
other (explain above)	
the face of this violation notice is true an	e information which I have set forth above and on decorrect to the best of my knowledge.
ano rado or ano violano mondo lo ado dir	a defined. Io the pool of my knowledge.
Executed on:	Officer's Signature
Date (Hill/dd/yyyy)	Officer's Signature
Probable cause has been stated for	r the issuance of a warrant.
Executed on:	
Date (mm/dd/yyyy)	U.S. Magistrate Judge

United States Di Violation I			C	ou	rt	CVB Lo	catio	n Code		
Violation Number		Officer	r Na	ıme (Print)		Off	icer No	Э.	
YOU ARE CHARGED	W	тн т	HE	F(DLL	OWING	i VI	OLA	TIO	N
Date and Time of Offense (mm/dd/yy	уу)	Offense	e CI	harge	ed □	CFR □l	JSC	□ Sta	ate Co	de
Place of Offense										
Offense Description										
DEFENDANT INFORM	ΛΑΤ	ION	Př	none:	()		9	-	
Last Name				Firs	t Nan	16			M	L
Street Address				<u> </u>						
City	,	State		Zip Code Date of Birth (mm/dd/yy				m/dd/yyyy)		
Drivers License No.	,	D.L.	. Sti	ate Social Security No.						
□ Adult □ Juvenile Sex □ Ma		Female	9	Hair	16	Eyes		Height		Weight
VEHICLE DESCRIPTION	100	VIN:	lava.		0180 10	Wateres de las			500 60	
Tag No.	State	•	Ye	ear	Mak	e/Model			Color	3
A IF BOX A IS CHECK MUST APPEAR IN CO	OUR	T. SEE			PA' OR		NT I	NDIC COUF	ATEI	OU MUST D BELOW v copy).
			ă	\$		+ \$	000000			Amount
PAY THIS AM	100	NT →	347	\$ Total Collateral Due						
(If no court appearance date		UR C					innaai	anca	data h	u mail)
Court Address	10 0110	wii, you		1001	ounc	a or your b	3000	8%	/dd/yy	5:
							Tim	ie (hh:	mm)	
My signature signifies that I have re I promise to appear for the hearing										
X Defendant SignatureDefe	ndant	Сору F	or \	/our l	Reco	rds (Yellow	r)			

FRONT - PAGE 3

INSTRUCTIONS - KEEP THIS COPY FOR YOUR RECORDS -

- A. If BOX A is checked on the face of this Violation Notice, YOU MUST APPEAR IN COURT at the date, time and place shown. If no date, time and place are shown then you will be notified by mail of when and where to appear. You must notify the Central Violations Bureau (CVB) in writing, of any change in the address listed on this Violation Notice. If you have not received a "Notice to Appear" within 45 days, call the CVB at 800-827-2982.
- B. If BOX B is checked on the face of this Violation Notice, YOU MUST DO ONE OF THE FOLLOWING:
 - PAY THE TOTAL COLLATERAL DUE AMOUNT SPECIFIED. If you wish to terminate your case WITHOUT HAVING TO APPEAR IN COURT, mail your personal check, money order, or credit card information in the envelope provided within 30 days for the full amount of the total collateral due specified. Include the perforated stub with your payment. DO NOT MAIL CASH. Write the violation number and location code from the top front portion of the Violation Notice on your check or money order and make it payable to the Central Violations Bureau. In some federal jurisdictions, payment of the total collateral due constitutes a plea of guilty or nolo contendere. If you are charged with a motor vehicle violation, a record of your payment may be reported to the Department of Motor Vehicles of your state. You may be required to pay additional processing, certification or other fees to reinstate your vehicle's registration or your driving privileges.

OR

2. APPEAR IN COURT. If the officer has written on the face of this Violation Notice a date, time and place for a court appearance, you must appear in court at that time. If no court date, time and place is shown, this information will be provided to you by mail. You must notify CVB in writing, of any change in the address listed on this Violation Notice. If you have not received a "Notice to Appear" within 45 days, call the Central Violations Bureau at 800-827-2982.

NOTICE

If you do not pay the total collateral due amount, and you fail to appear in court at the date and time scheduled for you, the United States District Court may issue a summons ordering your appearance or issue a warrant for your arrest. If you are charged with a motor vehicle violation, the court may also report your failure to pay or appear to the Department of Motor Vehicles of your state, which may affect your driving and/or registration privileges. If you plead guilty to a traffic violation, points may be assessed against your driving record. An accumulation of points may result in the suspension of your driving privilege. Furthermore, the court may increase your fine or impose additional penalties. Also, your driving privilege may be suspended if you plead guilty or are found guilty of certain offenses under the vehicle code of your state. A driver's education course may be an option to prevent accumulating points or having your driving privilege suspended. If you are considering this option do not pay the total collateral due Call the Central Violations Bureau at 800-827-2982 for further amount. information.

> Payment address: Central Violations Bureau P.O. Box 740026 Atlanta, GA 30374-0026

Correspondence address: Central Violations Bureau P.O. Box 780549 San Antonio, TX 78278-0549

Phone Number 800-827-2982

United States Dist Violation No	4407	CVB Location	on Code	
Violation Number	Officer Name (Print)	0	fficer No.	
YOU ARE CHARGED W	ITH THE FOLL	OWING V	IOLATIO	ON
Date and Time of Offense (mm/dd/yyyy)	Offense Charged □	CFR □USC	□ State (Code
Place of Offense				
Offense Description				

DEFENDANT INFORMATION		
Last Name	First Name	M.L.
A ☐ IF BOX A IS CHECKED, YOU	B ☐ IF BOX B IS CHEC	CVED VOLLMUST
MUST APPEAR IN COURT. SEE INSTRUCTIONS (on back of yellow copy).	PAY AMOUNT IN OR APPEAR IN CO SEE INSTRUCTIONS (on b	DICATED BELOW DURT.
	\$ Fo	orfeiture Amount
	+ \$25 Pr	ocessing Fee
PAY THIS AMOUNT →	\$ To	tal Collateral Due
YOUR C	OURT DATE	nce date by mail)
Court Address	T Section	(mm/dd/yyyy)
	Time	(hh:mm)
	1	Area Carroll
My signature signifies that I have received a copy I promise to appear for the hearing at the time an		
X Defendant Signature		

Return to CVB With Payment

INSTRUCTIONS FOR PAYMENT BY CREDIT CARD

Complete the following information and mail this form to the Central Violations Bureau (CVB). Only Visa, MasterCard, Discover, and American Express will be accepted. To pay by credit card over the phone call CVB at 800-827-2982.

Payment by:	□Visa	☐ MasterCard	☐ Discover
	☐ Ameri	can Express	
Card Number:		72	
Expiration Date	» :		
Print Name of 0	Cardholder:	7	
Payment Amou	ınt:	& -	
CVB Location (Code:		
Violation Numb	er:	& 	
Print Name of [Defendant:		
Cardholder's To	elephone:	2	
Signature of Ca	ardholder:		

Privacy Act Disclosure Statement

Furnishing your social security number (SSN) on this notice is mandatory under the Debt Collection Improvement Act of 1996, 31 U.S.C. § 7701(c). Your SSN may be used to facilitate collection of forfeited collateral or any adjudicated fines and penalties, and may be disclosed to the U.S. Department of Justice and the Internal Revenue Service for this purpose. Your SSN may also be disclosed to other federal, state, or local law enforcement agencies in connection with other possible violations of law.

CENTRAL VIOLATIONS BUREAU	CENTRAL VIOLATIONS BUREAU
P.O. BOX 740026	P.O. BOX 740026
ATLANTA, GA 30374-0026	ATLANTA, GA 30374-0026