

**United States District Court
Violation Notice**

CVB Location Code

Violation Number

Officer Name (Print)

Officer No.

YOU ARE CHARGED WITH THE FOLLOWING VIOLATION

Date and Time of Offense (mm/dd/yyyy)

Offense Charged ☐ CFR ☐ USC ☐ State Code

Place of Offense

Offense Description

DEFENDANT INFORMATION

Phone: () -

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Date of Birth (mm/dd/yyyy)

Drivers License No.

D.L. State

Social Security No.

☐ Adult ☐ Juvenile

Sex ☐ Male ☐ Female

Hair

Eyes

Height

Weight

VEHICLE DESCRIPTION

VIN:

Tag No.

State

Year

Make/Model

Color

A ☐ IF BOX A IS CHECKED, YOU
MUST APPEAR IN COURT. SEE
INSTRUCTIONS (on back of yellow copy).

B ☐ IF BOX B IS CHECKED, YOU MUST
PAY AMOUNT INDICATED BELOW
OR APPEAR IN COURT.
SEE INSTRUCTIONS (on back of yellow copy).

\$ Forfeiture Amount
+ \$25 Processing Fee

PAY THIS AMOUNT →

\$ **Total Collateral Due**

YOUR COURT DATE

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address

Date (mm/dd/yyyy)

Time (hh:mm)

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.

X Defendant Signature

Original - CVB Copy

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

I state that on _____, 20____ while exercising my duties as a
law enforcement officer in the _____ District of _____

[illegible]

The foregoing statement is based upon:

- ☐ my personal observation ☐ my personal investigation
- ☐ information supplied to me from my fellow officer's observation
- ☐ other (explain above)

I declare under penalty of perjury that the information which I have set forth above and on the face of this violation notice is true and correct to the best of my knowledge.

Executed on: _____
Date (mm/dd/yyyy) Officer's Signature

Probable cause has been stated for the issuance of a warrant.

Executed on: _____
Date (mm/dd/yyyy) U.S. Magistrate Judge

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X Defendant Signature

Officer's Copy (Pink)

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X Defendant Signature

Defendant Copy For Your Records (Yellow)

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:
1. 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 amount. Call the Central Violations Bureau at 800-827-2982 for further 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

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Offense Charged ☐ CFR ☐ USC ☐ State Code

Place of Offense

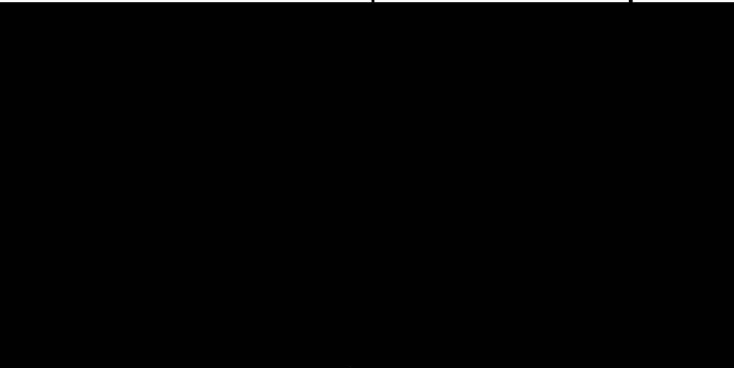
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DEFENDANT INFORMATION

Last Name

First Name

M.I.



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X Defendant Signature

Return to CVB With Payment

FRONT - ENVELOPE FLAP

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
☐ American Express

Card Number: _____

Expiration Date: _____

Print Name of Cardholder: _____

Payment Amount: _____

CVB Location Code: _____

Violation Number: _____

Print Name of Defendant: _____

Cardholder's Telephone: _____

Signature of Cardholder: _____

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.

BACK - ENVELOPE FLAP

PLACE
STAMP
HERE

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

ENVELOPE