



June 15, 2012

TO: Washington Courts, Agencies, and Interested Parties
FROM: Michelle M. Pardee, Senior Court Program Analyst 
RE: Changes to Official Criminal Citation Form

Because of significant changes to Criminal Rule of Limited Jurisdiction (CrRLJ) 3.2, effective July 1, 2012, for criminal violations, bail forfeiture will no longer be allowed as a final disposition and mandatory court appearance is required.

Therefore, the Uniform Infraction and Citation Committee amended the Criminal Citation form. The new approved form is attached to this memo.

Bail Forfeiture Changes

- On the face of the criminal citations, bail amounts no longer appear and only show "Mandatory Appearance."
- On the back of the defendant copy (Part 3-Back), all bail forfeiture language was removed.
- On the Court and DOL copies (Part 1-Face and Part 2- Face), "BF" was removed from the Abstract of Judgment.

Other Changes

- On the face of the criminal citation, a "Booked" box has been added below "Referred to Prosecutor" box.
- On the back of the defendant copy, the subsections and language for RCW 46.20.342 were updated.
- The form also has a new date of "July 2012" in the bottom right hand corner instead of "July 2011."

Jurisdictions may use their existing supply of criminal citations through June 30, 2013. All future orders of criminal citations should use the July 2012 form.

Effective July 1, 2013, the July 2012 criminal citation form must be used.

The SECTOR (e-Ticket) form will also be modified to reflect the above changes.

If you have questions, please contact me at michelle.pardee@courts.wa.gov or (360) 705-5233.

CRIMINAL CITATION - PART 1 - FACE

CRIMINAL **TRAFFIC** **NON-TRAFFIC**

C

IN THE DISTRICT MUNICIPAL COURT OF _____, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF _____
 CITY/TOWN OF _____

L.E.A. ORI #:

COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST	MIDDLE	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY		STATE	ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ()		CELL/PAGER NO. ()		WORK PHONE NO. ()	
VIOLATION DATE	MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED LANG: _____
ON OR ABOUT		24 HOUR		M.P. CITY/COUNTY OF	
AT LOCATION					

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY	STATE	ZIP CODE			
ACCIDENT NO NR R I F	BAC READING	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	16 + PASS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE	FARM <input type="checkbox"/> F.I.R.E. <input type="checkbox"/> R.V. <input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV
#2 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV

MANDATORY COURT APPEARANCE

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
<input type="checkbox"/> Served on Violator <input type="checkbox"/> Sent to Court for Mailing <input type="checkbox"/> Referred to Prosecutor <input type="checkbox"/> Booked				I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). OFFICER # _____ OFFICER # _____			

COMPLAINT / CITATION

ABSTRACT OF JUDGMENT	CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	FIND/JUDG DATE
	1	G NG		G NG D	\$	\$	\$	ABS. MLD TO OLY
	2	G NG		G NG D	\$	\$	\$	TO SERVE
	OTHER COSTS \$							WITH
RECOMMENDED NONEXTENSION OF SUSPENSION <input type="checkbox"/>				LICENSE SUR-RENDER DATE	TOTAL COSTS \$	CREDIT / TIME SVD		

CRIMINAL CITATION - PART 2 - FACE

CRIMINAL **TRAFFIC** **NON-TRAFFIC**

C

IN THE DISTRICT MUNICIPAL COURT OF _____, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF _____
 CITY/TOWN OF _____

L.E.A. ORI #:

COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST	FIRST	MIDDLE		CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY	STATE	ZIP CODE	EMPLOYER	LOCATION	
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ()	CELL/PAGER NO. ()		WORK PHONE NO. ()		
VIOLATION DATE	MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED LANG: _____
ON OR ABOUT		24 HOUR		CITY/COUNTY OF	
AT LOCATION		M.P.		CITY/COUNTY OF	

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY	STATE	ZIP CODE			
ACCIDENT NO NR R I F	BAC READING	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	16+ PASS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE	FARM <input type="checkbox"/> F.R.V. <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV
#2 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV

MANDATORY COURT APPEARANCE

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
<input type="checkbox"/> Served on Violator <input type="checkbox"/> Sent to Court for Mailing <input type="checkbox"/> Referred to Prosecutor <input type="checkbox"/> Booked				I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). OFFICER # _____ OFFICER # _____			

COMPLAINT / CITATION

ABSTRACT OF JUDGMENT	CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	FIND/JUDG DATE
	1	G NG		G NG D	\$	\$	\$	ABS. MLD TO OLY
	2	G NG		G NG D	\$	\$	\$	TO SERVE
	OTHER COSTS \$							WITH
RECOMMENDED NONEXTENSION OF SUSPENSION <input type="checkbox"/>				LICENSE SUR-RENDER DATE	TOTAL COSTS \$	CREDIT / TIME SVD		

CRIMINAL CITATION - PART 3 - FACE

CRIMINAL **TRAFFIC** **NON-TRAFFIC**

C

IN THE DISTRICT MUNICIPAL COURT OF _____, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF _____
 CITY/TOWN OF _____

L.E.A. ORI #: _____ COURT ORI #: _____

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST	MIDDLE	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY	STATE	ZIP CODE	EMPLOYER	LOCATION	
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ()	CELL/PAGER NO. ()		WORK PHONE NO. ()		
VIOLATION DATE	MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED LANG: _____
ON OR ABOUT		24 HOUR		CITY/COUNTY OF	
AT LOCATION		M.P.			

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY	STATE	ZIP CODE			
ACCIDENT NO NR R I F	BAC READING	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	16 + PASS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE	FARM <input type="checkbox"/> FIRE <input type="checkbox"/> R.V. <input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV
#2 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV

MANDATORY COURT APPEARANCE

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
<input type="checkbox"/> Served on Violator <input type="checkbox"/> Sent to Court for Mailing <input type="checkbox"/> Referred to Prosecutor <input type="checkbox"/> Booked				I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). OFFICER # _____ OFFICER # _____			

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE

CRIMINAL CITATION - PART 4 - FACE

CRIMINAL **TRAFFIC** **NON-TRAFFIC**

C

IN THE DISTRICT MUNICIPAL COURT OF _____, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF _____
 CITY/TOWN OF _____

L.E.A. ORI #: _____ COURT ORI #: _____

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST	MIDDLE	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY	STATE	ZIP CODE	EMPLOYER	LOCATION	
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ()	CELL/PAGER NO. ()		WORK PHONE NO. ()		
VIOLATION DATE	MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED LANG: _____
ON OR ABOUT		24 HOUR		CITY/COUNTY OF	
AT LOCATION		M.P.			

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY	STATE	ZIP CODE			
ACCIDENT NO NR R I F	BAC READING	CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	16 + PASS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZMAT <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE	FARM <input type="checkbox"/> FIRE <input type="checkbox"/> R.V. <input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV
#2 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV

MANDATORY COURT APPEARANCE

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
<input type="checkbox"/> Served on Violator <input type="checkbox"/> Sent to Court for Mailing <input type="checkbox"/> Referred to Prosecutor <input type="checkbox"/> Booked				I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). OFFICER # _____ OFFICER # _____			

DO NOT WRITE IN THIS SECTION

CRIMINAL CITATION - PART 5 - FACE

CRIMINAL **TRAFFIC** **NON-TRAFFIC**

C

IN THE DISTRICT MUNICIPAL COURT OF _____, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
 COUNTY OF _____
 CITY/TOWN OF _____

L.E.A. ORI #:

COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.		STATE	EXPIRES	PHOTO I.D. MATCHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST	MIDDLE		CDL <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS					<input type="checkbox"/> IF NEW ADDRESS
CITY		STATE	ZIP CODE	EMPLOYER	LOCATION
DATE OF BIRTH	RACE	SEX	HEIGHT	WEIGHT	EYES HAIR
RESIDENTIAL PHONE NO. ()		CELL/PAGER NO. ()		WORK PHONE NO. ()	
VIOLATION DATE	MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED LANG: _____
ON OR ABOUT		24 HOUR		M.P. CITY/COUNTY OF	
AT LOCATION		M.P.		CITY/COUNTY OF	

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER							
ADDRESS		CITY		STATE		ZIP CODE	
ACCIDENT	BAC	CMV	16+	HAZMAT	EXEMPT	FARM	FIRE
NO NR R I F	READING	<input type="checkbox"/> YES <input type="checkbox"/> NO					

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

#1 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV
#2 VIOLATION/STATUTE CODE	<input type="checkbox"/> DV

MANDATORY COURT APPEARANCE

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
<input type="checkbox"/> Served on Violator <input type="checkbox"/> Sent to Court for Mailing <input type="checkbox"/> Referred to Prosecutor <input type="checkbox"/> Booked				I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). OFFICER # _____ OFFICER # _____			

OFFICER REMARKS

CRIMINAL CITATION - PART 3 - BACK

CRIMINAL CITATION

You are charged with the crime(s) described on the other side of this form.

MANDATORY APPEARANCE

One of the following options applies:

1. If there is a **date** in the appearance date box you must appear in court at that date and time.
2. If there is a **number** in the appearance date box you must appear in court within the number of days indicated.
3. If the appearance date box is **blank**, the court will notify you in writing when to appear. If you do not receive a notice within fifteen (15) days please contact the court immediately.

When you appear, you will be advised of your constitutional rights and the possible penalties if you are convicted. You also may be asked to enter a plea of NOT GUILTY or GUILTY.

IF YOU DO NOT APPEAR

THIS MAY RESULT IN A WARRANT FOR YOUR ARREST AND DETENTION IN JAIL.

ALSO, IF "TRAFFIC" IS CHECKED ON THE FRONT YOU WILL LOSE YOUR DRIVER'S LICENSE/PRIVILEGE.

IF RCW LISTED ON FRONT APPEARS BELOW PLEASE READ

RCW 46.61.502 Driving Under the Influence (DUI) - drive a motor vehicle and either: have a 0.08 breath or blood alcohol content within 2 hours after driving, or be under the influence of or affected by liquor, any drug, or a combination of liquor and any drug.

RCW 46.20.342(1)(a) First Degree Driving While Suspended/Revoked (DWLS) - be an habitual traffic offender and drive a motor vehicle while an order of revocation issued under chapter 46.65 RCW prohibiting such operation is in effect.

RCW 46.20.342(1)(b) Second Degree Driving While Suspended/Revoked (DWLS) - drive a motor vehicle while an order of suspension or revocation prohibiting such operation is in effect, and not be eligible to reinstate the license or driving privilege.

RCW 46.20.342(1)(c) Third Degree Driving While Suspended/Revoked (DWLS) - drive a motor vehicle while the license or privilege to drive is suspended or revoked for (1) failure to furnish proof of satisfactory progress in a required alcoholism or drug treatment program; or (2) failure to furnish proof of financial responsibility pursuant to chapter 46.29 RCW; or (3) failure to comply with chapter 46.29 RCW relating to uninsured accidents; or (4) failure to respond to a notice of traffic infraction, failure to appear at a requested hearing, violation of a written promise to appear in court, or failure to comply with the terms of a notice of traffic infraction or citation; or (5) suspension or revocation in another state that would not result in suspension or revocation in this state; or (6) failure to reinstate the driver's license or privilege after suspension or revocation in the second degree; or (7) the person has a suspension under RCW 46.20.267 relating to intermediate drivers' licenses, or any combination of the above.

Traffic citations may go on your driving record.

PLEASE NOTIFY THE COURT IMMEDIATELY IF YOUR MAILING ADDRESS HAS CHANGED OR IS INCORRECT.