

Full Ticket Sample

View [7-Digit Ticket Number Sample](#)

Court ID		Ticket Prefix		Ticket Number									
COURT I.D.		PREFIX		TICKET NUMBER		Municipal Court of Anytown 123 Main Street Anytown, NJ 00000							
2222		XYZ		00000									
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:													
Driver's Lic. No.													
						Exp. Date		State		<input type="checkbox"/> Commercial License			
THE UNDERSIGNED CERTIFIES THAT													
Name First		Initial		Last		(Please Print)							
Address													
City			State			Zip Code			Telephone				
Birth Date		Eyes		Sex		Weight		Height		Restrictions			
DID UNLAWFULLY (PARK) (OPERATE) A													
Make of Vehicle		Year		Body Type		Color		<input type="checkbox"/> Commercial Vehicle					
Lic. Plate No.		State		Exp. Date				<input type="checkbox"/> Hazardous Material					
								<input type="checkbox"/> Out of Service					
Offense Date		Month		Day		Year		Time :		AM PM			
LOCATION OF OFFENSE		C		O		D		E		Describe Location			
Municipality			County			Mun. Code (Offense)							
Any Town			Any County										
AND DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE (ONE CHARGE PER COMPLAINT)													
TRAFFIC OFFENSES - (Check One) - TITLE 39													
<input type="checkbox"/> 3-4 Unregistered vehicle		<input type="checkbox"/> 4-85 Improper passing		<input type="checkbox"/> 4-97 Careless driving		<input type="checkbox"/> 4-124 Failure to turn		<input type="checkbox"/> 4-144 Failure to stop or yield					
<input type="checkbox"/> 3-29 Failure to exhibit documents		<input type="checkbox"/> D.L. or <input type="checkbox"/> REG. or <input type="checkbox"/> INS		<input type="checkbox"/> 8-1 Failure to inspect		<input type="checkbox"/> 8-4 Failure to make repairs							
<input type="checkbox"/> 3-33 Unclear plates		<input type="checkbox"/> 3-86 Maintenance of lamps		<input type="checkbox"/> 3-78.2f Failure to wear seatbelt		<input type="checkbox"/> 4-81 Failure to observe signal							
<input type="checkbox"/> 4-98 Speeding _____ MPH in a _____ MPH Zone													
IN EXCESS OF SPEED LIMIT BY:													
<input type="checkbox"/> 1-9 MPH		<input type="checkbox"/> 10-14 MPH		<input type="checkbox"/> 15-19 MPH		<input type="checkbox"/> 20-24 MPH		<input type="checkbox"/> 25-29 MPH		<input type="checkbox"/> 30-34 MPH			
<input type="checkbox"/> 65 MPH Zone		<input type="checkbox"/> Safe Corridor		<input type="checkbox"/> Construction Zone									
PENALTY SCHEDULE ON REVERSE													
PARKING OFFENSE													
<input type="checkbox"/> Overtime Meter No.		<input type="checkbox"/> Prohibited Area		<input type="checkbox"/> Double									
OTHER TRAFFIC/PARKING OFFENSE (Describe)													
Statute No.						Ordinance/Code No.							
THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE								Month		Day		Year	
Signature of Complaining Witness								Officer's ID. No.					
NOTICE TO APPEAR													
<input type="checkbox"/> COURT APPEARANCE REQUIRED		COURT DATE		Month		Day		Year		Time :		AM PM	
<input type="checkbox"/> Truck		<input type="checkbox"/> Accident		<input type="checkbox"/> Personal Injury		<input type="checkbox"/> Property Damage							
CONDITIONS		AREA		<input type="checkbox"/> Business		<input type="checkbox"/> School		<input type="checkbox"/> Residential		<input type="checkbox"/> Rural			
		ROAD		<input type="checkbox"/> Dry		<input type="checkbox"/> Wet		<input type="checkbox"/> Snow		<input type="checkbox"/> Ice			
		TRAFFIC		<input type="checkbox"/> Light		<input type="checkbox"/> Medium		<input type="checkbox"/> Heavy					
		VISIBILITY		<input type="checkbox"/> Clear		<input type="checkbox"/> Rain		<input type="checkbox"/> Snow		<input type="checkbox"/> Fog			
Equipment		<input type="checkbox"/> Helicopter		<input type="checkbox"/> Pace		<input type="checkbox"/> Speed Measurement Device		<input type="checkbox"/> EBTD					
Equipment Operator's Name				Operator ID No.				Unit Code					

7-Digit Ticket Sample

Back to [Full Ticket Sample](#)

Court ID	Ticket Prefix	Ticket Number	License Plate
2222	SP	1234567	
↑	↑	↑	↑

COURT I.D.	PREFIX	TICKET NUMBER	Municipal Court of Anytown 123 Main Street Anytown
2222	SP1	234567	SAMPLE

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THE COURT ON THIS COMPLAINT CHARGING YOU WITH THE OFFENSE OF _____

DID UNLAWFULLY (PARK) (OPERATE) A			
Make of Vehicle	Year	Body Type	Color
Lic. Plate No.	State	Exp. Date	
Offense Date	Month	Day	Year

INSTRUCTIONS TO ENTER A TICKET NUMBER

- Type the Court I.D.
- Type the prefix and the first digit of the ticket number in the Prefix
- Enter the remaining 6 digits of the ticket number in the Ticket Number

Full Ticket Sample – Parking Authority Ticketing System (PATS)

COMPLAINT AND SUMMONS

COURT ID 1214	PREFIX P02	TICKET NO. 194125
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NEW BRUNSWICK MUNICIPAL COURT
25 KIMPATRICK ST
PO BOX 295
NEW BRUNSWICK, NJ 08902

Telephone:
732-745-5089
Hours:
0830 AM - 0400 PM

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THE COURT TO ANSWER THE COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED:

THE UNDERSIGNED CERTIFIES THAT THE OWNER/OPERATOR OF THIS VEHICLE DID UNLAWFULLY PARK A

Vehicle Make: Hyundai	License Plate:
Color: Beige	Plate State:
Body Type: 04 - 4 Door	Exp. Date:
Year: 0000	

AND DID COMMIT THE FOLLOWING OFFENSE

10.16.0308 ALTERNATE SIDE PARKING

Offense Date	Time	First Observed	Meter No.
04/02/2010	02:31 PM		
Municipality	Location		
NEW BRUNSWICK	0 PROSPER ST		

PAYABLE

Payable Amount \$25.00 Pay By Date: 04/17/2019

THE UNDERSIGNED FURTHER STATES THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE AND WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THAT OFFENSE.

04/02/2010 0078 1214
Date Issued Electronic Signature Officer ID Police Unit

PLEASE READ CAREFULLY

1. PLEA OF NOT GUILTY
If you intend to plead not guilty to the offense charged in this Complaint and Summons and have a trial, you must notify the Court Administrator, whose address and telephone number are shown above, of your intention at least 7 days prior to your scheduled court date. If you fail to notify the Court Administrator, it may be necessary for you to make 2 court appearances.

2. COURT APPEARANCE REQUIRED
If "Court Appearance Required" is printed on this Complaint and Summons you must appear in court at the time and place indicated, even if you wish to plead guilty. If "Court Appearance Required" is not printed on this Complaint and Summons, you must still appear in court if you wish to have a trial.

3. PLEA OF GUILTY: PAYMENT THROUGH VIOLATIONS BUREAU
If you wish to plead guilty and give up your rights to have a lawyer and a trial, you may do so provided a PAYABLE AMOUNT is listed on this Complaint and Summons. If the Violations Bureau is authorized to dispose of this charge, complete in full the APPEARANCE, GUILTY PLEA AND WAIVER (see below) and bring or mail this Complaint and Summons together with payment in the amount of the prescribed penalty, to the Violations Bureau at the address indicated above prior to your scheduled court date.

For on-line information and payment options, log-on to:
www.njmcdirect.com

If payment is made by mail do not send cash but send check or money order payable to this Municipal Court. If payment is received by the Violations Bureau after the appearance date you may be assessed additional penalties. A receipt will be sent to you only if your payment is accompanied by a self-addressed, stamped envelope. Please be sure to print the summons number on the front of the check or money order.

APPEARANCE, GUILTY PLEA AND WAIVER

By signing this document, I enter my appearance before the Court to answer the charge contained in this Complaint and Summons. I give up my rights to have a lawyer and a trial. I admit that I committed the offense charged, plead guilty, and make payment of the prescribed penalty.

(Defendant's Signature) _____ (Date)


Driver's License No.: _____
State: _____ Exp. Date: _____

NOTICE

IF YOU FAIL TO APPEAR IN RESPONSE TO THIS SUMMONS OR TO PAY THE PRESCRIBED PENALTY, ADDITIONAL PENALTIES MAY RESULT, A WARRANT MAY BE ISSUED FOR YOUR ARREST AND YOUR DRIVING PRIVILEGES IN NEW JERSEY MAY BE REVOKED. FAILURE TO APPEAR OR PAY PRESCRIBED PENALTY SHALL BE CONSIDERED AN ADMISSION OF LIABILITY AND A DEFAULT JUDGMENT MAY BE ENTERED AGAINST THE OWNER OF THE VEHICLE.

PLEASE NOTIFY COURT OF DISABILITY ACCOMMODATION NEEDS.
NEW JERSEY UNIFORM ELECTRONIC TICKET

Full Ticket Sample – Electronic Ticketing (eTicket)

Court ID	Ticket Prefix	Ticket Number	North Arlington Municipal Court 123 Main Street, PO Box 111 North Arlington, New Jersey 12345-1212 Telephone: (609) 555-1111		
9999	NJ1	000123			
YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT ON THE PAY BY DATE TO ANSWER THE COMPLAINT CHARGING YOU WITH THE OFFENSE LISTED. IF YOU PLEAD GUILTY AND PAY THE PENALTY AMOUNT OF \$109.00 BEFORE THE SCHEDULED PAY BY DATE OF 03/01/2009, YOU DO NOT NEED TO APPEAR IN COURT (SEE INSTRUCTIONS BELOW).					
Drivers License No: 87272 8282 88288 92929		D/L State: NJ	Expiration Date: 05/05/2001	<input type="checkbox"/> Commercial License	
THE UNDERSIGNED CERTIFIES THAT					
JOHN E. JOHNSON 555 North Willow Boulevard Post Office Box 5578 New Egypt, NJ 08770-1221		Telephone: (609) 555-2222 Birth Date: 05/05/1968 Eyes: Blue Sex: Male	Weight: 200 Height: 6' 1" Restrictions: D 0		
DID UNLAWFULLY OPERATE A					
License Plate No.	Vehicle Make: Toyota	Year: 2004	Color: Blue	Body Type: 2-Door	
ABC123	Plate State: NJ	Exp Date: 10/2010	<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Omnibus <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Out of Service		
AND DID COMMIT THE FOLLOWING OFFENSE					
39:3-40 – DRIVING WHILE LICENSE IS SUSPENDED					
Date of Offense: 01/01/2009		Time: 09:00 AM			
Other Offense Information					
<input type="checkbox"/> Construction Zone <input type="checkbox"/> Safe Corridor <input type="checkbox"/> 65 MPH Zone <input type="checkbox"/> Accident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Death/Serious Bodily Injury					
Location:	Municipality:	County:	Mun. Code (Offense):		
Metro Park Mall	Woodbridge	Middlesex	1225		
I CERTIFY THAT THERE ARE JUST AND REASONABLE GROUNDS TO BELIEVE THAT YOU COMMITTED THE ABOVE OFFENSE. I ALSO CERTIFY THAT I WILL FILE THIS COMPLAINT IN THIS COURT CHARGING YOU WITH THIS OFFENSE.					
_____	_____	_____			
Date	Electronic Signature	1212 Officer ID			
1. GUILTY PLEA AND PAYMENT. If you wish to plead guilty and pay the penalty, you may make payment via the Internet by logging onto www.njmcdirect.com or you may bring or mail this ticket and payment in the amount of the penalty listed above to this court before the scheduled pay by date. Payments by mail must be by check or money order made payable to this Municipal Court. Do not send cash. Please print the ticket number on the front of the check or money order. A receipt will be sent to you only if you send a self-addressed, stamped envelope along with your payment.					
2. PLEA OF NOT GUILTY. If you want to plead not guilty, you must notify the court at least 7 days before your scheduled pay by date or it may be necessary for you to make additional court appearances.					
Amount of Penalty: \$109.00		Pay By Date: 03/01/2009			
TO MAKE PAYMENT VIA THE INTERNET OR FOR MORE INFORMATION, LOGON TO:					
www.njmcdirect.com					
NOTICE					
IF YOU NEITHER PAY THE PRESCRIBED PENALTY BY THE PAY BY DATE NOR APPEAR IN COURT ON THE SCHEDULED COURT DATE, THEN ADDITIONAL PENALTIES MAY RESULT. A WARRANT MAY BE ISSUED FOR YOUR ARREST AND YOUR DRIVING PRIVILEGES IN NEW JERSEY MAY BE REVOKED. IF THIS IS A PARKING TICKET, YOUR FAILURE TO APPEAR OR PAY THE PRESCRIBED PENALTY SHALL BE CONSIDERED AN ADMISSION OF LIABILITY AND A DEFAULT JUDGMENT MAY BE ENTERED AGAINST THE OWNER OF THE VEHICLE. EXCEPT FOR A PARKING TICKET, A RECORD OF THIS CONVICTION WILL BE SENT TO THE MOTOR VEHICLE COMMISSION (MVC) THAT ISSUED YOUR LICENSE.					
IF YOU HOLD A COMMERCIAL DRIVERS LICENSE AND YOU ARE CONVICTED OF TWO OR MORE SERIOUS TRAFFIC VIOLATIONS, THE MVC MAY, DEPENDING ON YOUR RECORD, SUSPEND YOUR COMMERCIAL DRIVING PRIVILEGES EVEN IF THE VIOLATIONS WERE COMMITTED IN A NON-COMMERCIAL MOTOR VEHICLE. FOR MORE INFORMATION, VISIT THE OFFICIAL MVC WEBSITE AT WWW.NJMVC.GOV .					
	PLEASE NOTIFY COURT OF DISABILITY ACCOMMODATION NEEDS			