

CHAPTER 2000
OFFICE OF THE ATTORNEY GENERAL
TRAFFIC TICKET FORM

UNIFORM TRAFFIC TICKETS
2000.5100 PURPOSE.
2000.5200 FORM.

2000.9990 UNIFORM TRAFFIC TICKET
FORM NO. 2.

2000.0200 [Repealed, 11 SR 618]

2000.0300 [Repealed, 11 SR 618]

2000.0400 [Repealed, 11 SR 618]

2000.0500 [Repealed, 11 SR 618]

2000.0600 [Repealed, 11 SR 618]

2000.0700 [Repealed, 11 SR 618]

2000.0800 [Repealed, 11 SR 618]

2000.0900 [Repealed, 11 SR 618]

2000.1000 [Repealed, 11 SR 618]

UNIFORM TRAFFIC TICKETS

2000.5100 PURPOSE.

The purpose of this rule is to establish the detailed form of the Uniform Traffic Ticket, as required by Extra Session Laws 1961, chapter 19.

Statutory Authority: *MS s 169.99 subd 2*

2000.5200 FORM.

The Uniform Traffic Ticket shall be 4-1/4 inches by 7-1/2 inches in size and shall be in the form in part 2000.9990, subparts 1 to 8, which form is identified as Uniform Traffic Ticket Form No. 2, and is made a part hereof by reference.

Statutory Authority: *MS s 169.99 subd 2*

2000.9900 [Repealed, 11 SR 618]

2000.9905 [Repealed, 11 SR 618]

2000.9910 [Repealed, 11 SR 618]

2000.9915 [Repealed, 11 SR 618]

2000.9920 [Repealed, 11 SR 618]

2000.9925 [Repealed, 11 SR 618]

2000.9930 [Repealed, 11 SR 618]

2000.9935 [Repealed, 11 SR 618]

2000.9940 [Repealed, 11 SR 618]

2000.9945 [Repealed, 11 SR 618]

2000.9950 [Repealed, 11 SR 618]

2000.9955 [Repealed, 11 SR 618]

2000.9960 [Repealed, 11 SR 618]

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2000.9965 [Repealed, 11 SR 618]

2000.9970 [Repealed, 11 SR 618]

2000.9975 [Repealed, 11 SR 618]

2000.9977 [Repealed, 11 SR 618]

2000.9980 [Repealed, 11 SR 618]

2000.9983 [Repealed, 11 SR 618]

2000.9985 [Repealed, 11 SR 618]

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TRAFFIC TICKET FORM 2000,9990

2000,9990 UNIFORM TRAFFIC TICKET FORM NO. 2.
Subpart 1. Page 1, front.

STATE OF MINNESOTA COUNTY of _____ }	} ss COMPLAINT	COUNTY COURT _____ DIVISION	HP 000 000
The Undersigned, being duly sworn, deposes and says that on: _____, 19____, at _____ Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Name _____ (_____) _____ of _____ Street _____ City _____ State _____ Zip _____		LICENSE INFORMATION	
did unlawfully at _____ Location located in the county and state aforesaid (Operate) (Park) a motor vehicle, to wit:		Drivers License Number _____ State _____ Date of Birth _____	
Make _____ Registration _____ State _____ Trailer Registration _____		Eyes _____ Height _____ Weight _____ Sex _____	
and then and there did commit the following offense: <input type="checkbox"/> SPEEDING (Over Limit) _____ m.p.h. in _____ zone <input type="checkbox"/> IMPROPER (Turn) (Passing) (Lane Usage) <input type="checkbox"/> DISOBEYED (Stop Sign) (Semaphore) <input type="checkbox"/> _____ (Other Specify) _____		CIRCUMSTANCES ROAD TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Undivided <input type="checkbox"/> Multi-Lane <input type="checkbox"/> Divided <input type="checkbox"/> _____ WEATHER <input type="checkbox"/> Clear/Cloudy <input type="checkbox"/> Rain/Snow <input type="checkbox"/> _____ PAVEMENT <input type="checkbox"/> Normal <input type="checkbox"/> Slippery VISIBILITY <input type="checkbox"/> Normal <input type="checkbox"/> Impaired _____ ACCIDENT <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatal Why _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Pedestrian	
in violation of the (Statute) (Ordinance) Sec. No. _____ in such case made and provided and against the peace and dignity of the State of Minnesota.			
_____ Was offense committed in a manner or under circumstances so as to endanger or be likely to endanger any person or property? Yes or No _____			
Subscribed and sworn before me this _____ day of _____, 19____		Date of Court Appearance A.M. _____ P.M. _____ 19____ Day _____ Time _____ Month _____ Address: _____	
Name _____ Title _____		Complainant Signature _____ Name _____ Department _____ Badge _____	

NOTE: Refer to back of Summons for further information.

I promise to appear in said court at the stated time and place.

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2000.9990 TRAFFIC TICKET FORM

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Plea _____ Court Date _____		DRIVER'S PAST RECORD	
Warrant Number _____	Date _____	Date	Violation
Bail (Fixed) (Posted) \$ _____	Attorney _____		
Continued to _____	Reason _____		
Continued to _____	Reason _____		
Finding by Court _____			
Sentence _____			
Recommendation as to license suspension _____			
Driver Improvement Clinic _____			
Judge's Notes: _____			

_____	Signature of Judge		
Officer's notes for testifying in court (include vehicle defects) *			

* If Driver's License violation, include reason why driver stopped.

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CERTIFICATE OF CONVICTION or REPORT OF HEARING

The undersigned hereby certifies that on _____, 19____, in this court; defendant was convicted of _____, an offense relating to the operation of motor vehicles.

Further, that said conviction resulted from a:
[] PLEA OF GUILTY [] CONVICTION AFTER TRIAL [] FORFEITURE OF BAIL OR SECURITY

That such offense was a:
[] PETTY MISDEMEANOR [] MISDEMEANOR [] GROSS MISDEMEANOR [] FELONY [] JUVENILE TRAFFIC OFFENSE

That as a result of conviction, defendant was:
[] FINED, \$ _____ (Amount Suspended) _____ [] JAILED FOR _____ DAYS.

Recommendation as to Driver's License.
[] NO RECOMMENDATION [] SUSPEND FOR _____ DAYS [] NO SUSPENSION

Other Comments: _____

Dated this _____ day of _____, 19____. _____ Name and Title

If revocation mandatory or suspended recommended, Driver's License must be forwarded with this certificate, M.S. 171.16.
[] Driver's License forwarded with this certificate.

Certificate must be transmitted within 10 days to Minnesota Department of Public Safety, Motor Vehicle Services Division, State Highway Building, St. Paul, Minnesota 55155.

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TRAFFIC TICKET FORM 2000.9990

STATE OF MINNESOTA COUNTY of _____ }	ss OFFICER'S COPY	COUNTY COURT _____ DIVISION	HP 000 000
The Undersigned, being duly sworn, deposes and says that on: _____, 19____, at _____		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Name _____ (_____) of _____ Street _____ City _____ State _____ Zip _____		LICENSE INFORMATION	
did unlawfully at _____ Location _____ located in the county and state aforesaid (Operate) (Park) a motor vehicle, to wit:		Drivers License Number _____ State _____ Date of Birth _____	
Make _____ Registration _____ State _____ Trailer Registration _____ and then and there did commit the following offense:		Eyes _____ Height _____ Weight _____ Sex _____	
<input type="checkbox"/> SPEEDING (Over Limit) _____ m.p.h. in _____ zone <input type="checkbox"/> IMPROPER (Turn) (Passing) (Lane Usage) <input type="checkbox"/> DISOBEYED (Stop Sign) (Semaphore) <input type="checkbox"/> _____ (Other Specify) _____		CIRCUMSTANCES <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Undivided <input type="checkbox"/> Multi-Lane <input type="checkbox"/> Divided <input type="checkbox"/> _____ WEATHER <input type="checkbox"/> Clear/Cloudy <input type="checkbox"/> Rain/Snow <input type="checkbox"/> _____ PAVEMENT <input type="checkbox"/> Normal <input type="checkbox"/> Slippery VISIBILITY <input type="checkbox"/> Normal <input type="checkbox"/> Impaired _____ ACCIDENT <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatal Why _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Pedestrian	
in violation of the (Statute) (Ordinance) Sec. No. _____ in such case made and provided and against the peace and dignity of the State of Minnesota.			
_____ Was offense committed in a manner or under circumstances so as to endanger or be likely to endanger any person or property? Yes or No _____			
Subscribed and sworn before me this _____ day of _____, 19____		Date of Court Appearance _____ A.M. _____ P.M. _____ 19____ Day _____ Time _____	
Name _____ Title _____		Complainant Signature _____ Name _____ Department _____ Badge _____	
		NOTE: Refer to back of Summons for further information.	

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Plea _____ Court Date _____		DRIVER'S PAST RECORD	
Warrant Number _____ Date _____	Date	Violation	
Boil (Fixed) (Posted) \$ _____ Attorney _____			
Continued to _____ Reason _____			
Continued to _____ Reason _____			
Finding by Court _____			
Sentence _____			
Recommendation as to license suspension _____			
Driver Improvement Clinic _____			
Judge's Notes: _____			

_____ Signature of Judge			
Officer's notes for testifying in court (include vehicle defects) *			

* If Driver's License violation, include reason why driver stopped.

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Subp. 7. Page 4, front.

TRAFFIC TICKET FORM 2000,9990

STATE OF MINNESOTA COUNTY of _____ }	ss SUMMONS	COUNTY COURT DIVISION _____ HP 000 000	
The Undersigned, being duly sworn, deposes and says that on: _____ 19____, at _____ Time _____		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date of Court Appearance A.M. _____ P.M. _____ Month _____ Day _____ 19____ Address: _____
Name _____ (Juvenile Parent/Guardian)		LICENSE INFORMATION	
of _____ Street _____ City _____ State _____ Zip _____		Drivers License Number _____	
did unlawfully at _____ Location _____ located in the county and state aforesaid (Operate) (Park) a motor vehicle, to wit:		State _____ Date of Birth _____	
Make _____ Registration _____ State _____ Trailer Registration _____		Eyes _____ Height _____ Weight _____ Sex _____	NOTE: Refer to back of Summons for further information.
and then and there did commit the following offense:		CIRCUMSTANCES	
<input type="checkbox"/> SPEEDING (Over Limit) _____ m.p.h. in _____ zone <input type="checkbox"/> IMPROPER (Turn) (Passing) (Lane Usage) <input type="checkbox"/> DISOBEYED (Stop Sign) (Semaphore) <input type="checkbox"/> _____ (Other Specify) _____		ROAD TYPE <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Undivided <input type="checkbox"/> Multi-Lane <input type="checkbox"/> Divided <input type="checkbox"/> _____ WEATHER <input type="checkbox"/> Clear/Cloudy <input type="checkbox"/> Rain/Snow <input type="checkbox"/> _____ PAVEMENT <input type="checkbox"/> Normal <input type="checkbox"/> Slippery VISIBILITY <input type="checkbox"/> Normal <input type="checkbox"/> Impaired ACCIDENT <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatal Why _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Pedestrian	
in violation of the (Statute) (Ordinance) Sec. No. _____ in such case made and provided and against the peace and dignity of the State of Minnesota. _____ Was offense committed in a manner or under circumstances so as to endanger or be likely to endanger any person or property? Yes or No _____			
Subscribed and sworn before me this _____ day of _____, 19____		Complainant Signature _____ Name _____ Department _____ Badge _____	
Name _____	Title _____		

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Subp. 8. Page 4, back.

This space may be used to fit local needs or conditions. However, if a court appearance is not required for every violation and an APPEARANCE, PLEA OF GUILTY AND WAIVER is used it must take the following form.

APPEARANCE, PLEA OF GUILTY AND WAIVER

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged on other side of this summons. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same force and effect as a judgment of court, and that this record will be sent to the Licensing Authority of this State (or of the State where I received my license to drive). I do hereby PLEAD GUILTY to said offense as charged, WAIVE my right to a HEARING by the court, and agree to pay the penalty prescribed for my offense.

(Defendant's Signature)

(Address)

(Driver's License Number)

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Statutory Authority: MS 169.99 subd 2