



SUMMONS TO APPEAR FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: **0000 000 000**
ENFORCEMENT AGENCY: **Police Department**

Respondent Last Name		First	M.I.	
Phone No	<input type="checkbox"/> Cell <input type="checkbox"/> Home	D.O.B. MM/DD/YY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address				
ID Number		ID Type		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific. Is.				
Date of Occurrence MM/DD/YY		Time of Occurrence HH:MM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Place of Occurrence (<input type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite)			Precinct	

Include the summons number above on all communications

HEARING DATE: MM / DD / YY AT: HH : MM AM PM

You must respond by the above date.
See the BACK OF THIS SUMMONS to learn about your options.

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Hearing Location: Office of Administrative Trials and Hearings (OATH)

Borough: _____ (See back for address) **(844) 628-4692**
www.nyc.gov/oath

Admin. Code Parks Rules: 56 RCNY
 Rules of City of NY Traffic Rules: 34 RCNY Other _____

Section/Rule	OATH Code
Mail-in Penalty	Property Removed <input type="checkbox"/> Yes <input type="checkbox"/> No
Max. Penalty	

Details of Charge(s):

Factual Allegations

OATH

NYC Charter Section 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. I, an employee of the agency named above, affirm under penalty of perjury that: 1) I personally observed the commission of the violation charged; 2) I verified the existence of the violation through a review of Departmental records; or 3) I was informed of the commission of the violation by a reliable witness that is known to the Department. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

I/O Signature	Command
Rank/Title	Name
	Tax No.



0000 000 000