

INSTRUCTION A (ALL CIVIL INFRACTIONS)

If "ALL CIVIL INFRACTIONS" is checked, all the violations with which you are charged are civil infractions. WITHIN 20 DAYS of the date of the citation, you must check either Box 1 indicating you are paying the citation, or Box 2, indicating you are requesting a hearing below, sign where indicated, and mail this citation in the envelope provided. If this citation has more than one violation, you must check off any one or more of the violations. However, you may not pay the citation until those violations for which a hearing has been requested are resolved.

Follow the instructions in this area to make a payment.

If you fail to return this citation within 20 days with either Box 1 or Box 2 checked:

- You will lose your right to a payment.
- You will have to pay substantial late charges, and,
- Your driver's license/right to operate or registration will be suspended until you pay in full, including late charges and reinstatement fees.

1. I WISH TO PAY THIS CITATION. I am paying the "TOTAL DUE" shown as a final disposition of this citation and I am waiving my right to a civil hearing before a court magistrate. I understand that such payment is an admission of responsibility for all infractions and purposes of the Safe Driver Insurance Plan and any Registry action under the law. I also understand that such payment is not an admission of guilt, responsibility or negligence in any other criminal or civil proceeding.

To Pay by Mail: Make check or money order payable to "Registry of Motor Vehicles". Please write the citation number, your driver's license number and state of issue on your payment. **DO NOT MAIL CASH.** If your check is returned unpaid, you will be subject to driver license or registration suspension/revocation and substantial penalties. Place your payment and this citation in the envelope provided and mail it to the address below. (NOTE: REMEMBER TO CHECK OFF THE PAYMENT BOX ON THE FRONT OF THE ENVELOPE.)

Total Amount Due SIGNATURE OF VIOLATOR _____ DATE _____

To Pay by Internet: <http://www.mass.gov/rmv>

Have your citation number and MasterCard, Discover or Visa ready.

To Pay by Phone: call (617/857, 781/339) 351-4500 or 800-858-3926 for area codes 508/774, 978/351 & 413 only. 9am-7pm, M-F

2. I REQUEST A COURT HEARING: I deny that I am responsible for the civil infraction(s) charged on this citation, and I request a civil hearing before a court magistrate. I understand that I must appear in court when the court notifies me by mail of the date of the hearing. I will sign where indicated on the envelope provided and mail it to the address below. Note: remember to check off the hearing request box on the front of the envelope and provide the correct mailing address on the front of the envelope and authorize the RMV to make any necessary changes.

Follow the instructions in this area to request an appeal.

SIGNATURE OF VIOLATOR
DATE _____
MAIL PAYMENT OR COURT HEARING REQUEST TO:
CITATION PROCESSING CENTER
Box 55890, Boston, MA 02205-5890

INSTRUCTION B (CRIMINAL APPLICATION)

If "CRIMINAL APPLICATION" is checked you will be granted a hearing as to whether a criminal complaint should issue against you if you sign below and return this citation WITHIN 4 DAYS to the Clerk-Magistrate of the court named on the front of this citation. Any accompanying civil infractions will be determined during the criminal proceedings and cannot be paid in advance.

Follow the instructions in this area to request an appeal of a citation marked "Criminal Application."

SIGNATURE OF VIOLATOR
DATE _____

ADDRESS CHANGES MUST BE REPORTED TO BOTH THE REGISTRY OF MOTOR VEHICLES AND TO THE COURT.