



The uniform civil citation should be used to enforce Health General, §24-305 and §24-307, as well as county ordinances.

UNIFORM CIVIL CITATION - INSTRUCTIONS

UNIFORM CIVIL CITATION

WITNESS

RELATED CASE # / CITATION(S) →

Citation Number \_\_\_\_\_

District Court of Maryland for \_\_\_\_\_

Address \_\_\_\_\_

County/Municipality/State of Maryland vs. Agency \_\_\_\_\_

Defendant's (Last) Name First Middle \_\_\_\_\_

Current Street Address Apt. No. \_\_\_\_\_

City County State Zip \_\_\_\_\_

DOB Height Weight Sex Race Hair Eyes \_\_\_\_\_

Telephone No. Day/Night: \_\_\_\_\_ E-mail: \_\_\_\_\_

Based on  personal knowledge of the undersigned officer  the attached affidavit, the Defendant is charged with \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_ Time  AM  PM on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Year

at \_\_\_\_\_ Location of Offense \_\_\_\_\_

County, MD in violation of:  Md. Ann. Code  Municipal Infraction/County Ordinance/Public Local Law/Local Code  COMAR

Document/Article \_\_\_\_\_ Section \_\_\_\_\_ Sub Section \_\_\_\_\_ Paragraph \_\_\_\_\_

Each day a violation continues is a separate infraction subject to an additional citation.

I sign my name as a receipt of a copy of this Citation and not as an admission of guilt. I will comply with the requirements set forth in this Citation.

Defendant's Signature \_\_\_\_\_

INSTRUCTIONS

YOU MUST APPEAR IN COURT. A notice of trial date will be mailed to you.

YOU MAY PAY A FINE of \$ \_\_\_\_\_ (entire amount required) by \_\_\_\_\_ Date \_\_\_\_\_ to the:

District Court. Payment of the fine will not close the case if abatement action is pending.

Agency/Municipality \_\_\_\_\_

at \_\_\_\_\_ Payment Location \_\_\_\_\_

and AVOID TRIAL. This will be deemed an admission of guilt and a trial date will not be set.

YOU MAY ELECT TO STAND TRIAL by sending your request in writing to the:

District Court

Agency/Municipality \_\_\_\_\_

in writing by \_\_\_\_\_ Date \_\_\_\_\_ at \_\_\_\_\_ Address \_\_\_\_\_

DO NOT SEND PAYMENT OF FINE. The District Court will mail you a notice of your trial date, time, and location. AT TRIAL the Court may impose a fine up to the maximum allowed by statute plus court costs.

IN ADDITION, \_\_\_\_\_ Agency/Municipality \_\_\_\_\_ is seeking abatement of this infraction.

You may be ordered to abate this infraction or be assessed the costs for the abatement, as well as a fine of up to \$1,000, plus court costs. Payment of the preset fine will not satisfy the abatement action and an order of abatement may still be entered against you.

FAILING TO APPEAR OR PAY THE FINE MAY RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

FAILING TO PAY THE FINE OR REQUEST A TRIAL DATE:

- will deem you liable for the fine assessed; the fine may be doubled and/or a judgment on affidavit may be entered against you including an order of abatement;
- you may be found guilty of a Code violation and the maximum fines and costs can be imposed.

FAILURE TO APPEAR FOR A REQUESTED TRIAL DATE:

- the fine may be doubled and a judgment on affidavit entered against you;
- you may be found guilty of a Code violation and the maximum fines and costs can be imposed.

I solemnly affirm under the penalties of perjury, and based upon personal knowledge or the attached affidavit, that the contents of this citation are true and that I am competent to testify on these matters.

The Defendant is not now in the military service, as defined in the Servicemembers Civil Relief Act.

Issuing Officer's Signature \_\_\_\_\_ Officer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Sub-Agency \_\_\_\_\_ I.D. No. \_\_\_\_\_ Telephone \_\_\_\_\_



## UNIFORM CIVIL CITATION - INSTRUCTIONS

**Citation Number:** Enter citation number, although most are pre-marked.

**District Court of Maryland for:**

Select or write in the County the Court is located in followed by the address of the District Court.

**If Citing another person:** Enter the

defendant’s name, address, date of birth and identifying physical features. “Another person” includes those not licensed to sell these products.

**If Citing Store Owner:** Enter the name and contact information for the business listed on license. This may be the name of a person or the name of a business. If the name is listed as a business, the citation must be served by certified mail on the resident agent. The information obtained from the license displayed in the store may be used to locate the resident agent by searching via the Department of Assessments and Taxation Website.

Enter the name and contact information for the business listed on license. This may be the name of a person or the name of a business. If the name is listed as a business, the citation must be served by certified mail on the resident agent. The information obtained from the license displayed in the store may be used to locate the resident agent by searching via the Department of Assessments and Taxation Website.

**Offense:** Check the “personal knowledge of the undersigned officer” box and describe briefly what took place. Include the time, date, and location of the offense. Check the “Md. Ann. Code” box and print the statute “Health-Gen. 24-307 (b)” or “Health-Gen. 24-305(b).”

The enforcement officer should request the respondent’s signature. Inability to obtain his/her signature will not prevent the citation from being processed. For example, if the store owner is not present in the store, the signature need not be obtained. Service in this instance should be effectuated on the resident agent unless the name listed on the license appears as a person’s name and not a business name. In either case, the signature need not be obtained in order to properly issue and serve the citation.

**Agency/Municipality & Trial:** Enter the date that the fine is due along with the name and address of your health department and the date by which election to stand trial must be made. Check and complete all blue highlighted boxes and lines. Note that in this example the fine is due 30 days after the infraction, however, you are not required to use the 30 day timeframe and may include additional time if you wish. (For example, you may require payment within 45 or 60 days of the infraction.) The date by which the respondent must pay the fine or request a trial date, however, must take place 5 days before the date in which the fine is due.

Check and complete all blue highlighted boxes and lines.

Check the 3 boxes indicated. Ask the employee if they are on active duty in the military service and check the box to indicate that they are not. Sign, print and date where indicated.



UNIFORM CIVIL CITATION - SAMPLE

123456  
Citation Number

WITNESS

RELATED CASE # / CITATION(S) → [ ]

District Court of Maryland for Calvert County  
175 Main Street

Prince Frederick, Maryland 20678 Address

County/Municipality/State of Maryland Agency  
Doe John Q

Defendant's (Last) Name First Middle  
123 Avenue 123

Current Street Address City County State Zip Apt. No.  
Prince Frederick Calvert MD 20678

City 2/20/1975 5'9 215 M White Brown Blue  
DOB Height Weight Sex Race Hair Eyes

Telephone No. Day/Night: E-mail:

Based on  personal knowledge of the undersigned officer  the attached affidavit, the Defendant is charged with distributing a tobacco product to a minor.

at 12:00  AM  PM on 10 / 01 / 2010  
Time Month Day Year

at Tobacco Store on 456 Road in Prince Frederick, MD 20678  
Location of Offense

Calvert County, MD in violation of:  Md. Ann. Code  Municipal Infraction/County Ordinance/Public Local Law/Local Code  COMAR  
Document/Article Health-Gen Section 24-307 Sub Section b Paragraph

Each day a violation continues is a separate infraction subject to an additional citation.

I sign my name as a receipt of a copy of this Citation and not as an admission of guilt. I will comply with the requirements set forth in this Citation.

Defendant's Signature.....

**INSTRUCTIONS**

YOU MUST APPEAR IN COURT. A notice of trial date will be mailed to you.

YOU MAY PAY A FINE of \$ 300 (entire amount required) by 11/01/19 to the:  
Date  
 District Court. Payment of the fine will not close the case if abatement action is pending.  
 Agency/Municipality Calvert County Health Department  
at 975 Prince Solomons Road, Prince Frederick, MD 20678  
Payment Location

and AVOID TRIAL. This will be deemed an admission of guilt and a trial date will not be set.

YOU MAY ELECT TO STAND TRIAL by sending your request in writing to the:  
 District Court  
 Agency/Municipality Calvert County Health Department  
in writing by 10/27/19 at 975 Prince Solomons Road, Prince Frederick, MD  
Date Address  
20678

DO NOT SEND PAYMENT OF FINE. The District Court will mail you a notice of your trial date, time, and location. AT TRIAL the Court may impose a fine up to the maximum allowed by statute plus court costs.

IN ADDITION, \_\_\_\_\_ is seeking abatement of this infraction.  
Agency/Municipality

You may be ordered to abate this infraction or be assessed the costs for the abatement, as well as a fine of up to \$1,000, plus court costs. Payment of the preset fine will not satisfy the abatement action and an order of abatement may still be entered against you.

FAILING TO APPEAR OR PAY THE FINE MAY RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

FAILING TO PAY THE FINE OR REQUEST A TRIAL DATE:  
 will deem you liable for the fine assessed; the fine may be doubled and/or a judgment on affidavit may be entered against you including an order of abatement;  
 you may be found guilty of a Code violation and the maximum fines and costs can be imposed.

FAILURE TO APPEAR FOR A REQUESTED TRIAL DATE:  
 the fine may be doubled and a judgment on affidavit entered against you;  
 you may be found guilty of a Code violation and the maximum fines and costs can be imposed.

I solemnly affirm under the penalties of perjury, and based upon personal knowledge or the attached affidavit, that the contents of this citation are true and that I am competent to testify on these matters.

The Defendant is not now in the military service, as defined in the Servicemembers Civil Relief Act.

\_\_\_\_\_  
Issuing Officer's Signature Officer's Printed Name Date

\_\_\_\_\_  
Agency Sub-Agency I.D. No. Telephone

Support provided by the Maryland Department of Health  
Center for Tobacco Prevention and Control



**MARYLAND**  
Department of Health

*February 27, 2020*