

FILED

IN THE DISTRICT COURT OF THE FIRST JUDICIAL CIRCUIT
STATE OF HAWAII

2001 DEC 31 P 3: 24

DISTRICT COURT OF THE
FIRST JUDICIAL CIRCUIT
CLERK *Randa Tom*

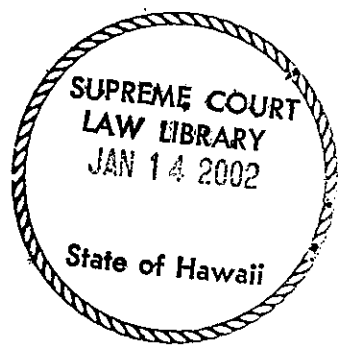
IN THE MATTER OF THE)	
)	
ADOPTION OF THE PHOTO)	ORDER ADOPTING THE PHOTO
)	ENFORCEMENT CITATION FORMS
ENFORCEMENT CITATIONS)	FOR USE IN THE DISTRICT COURT OF
)	THE FIRST JUDICIAL CIRCUIT
)	
)	

ORDER ADOPTING PHOTO ENFORCEMENT CITATION FORMS

The following citations forms are hereby adopted and will be effective January 2, 2002 in the District Court of the First Judicial Circuit. The purpose of this order is to adopt the necessary citations forms in the issuance of citations pursuant to §291C-32(a)(3) and §291C-102, Hawai'i Revised Statutes, by the Department of Transportation, Highway Division, for the Photo Enforcement Demonstration Project.

SEE ATTACHED FORMS

Dated: Honolulu, Hawai'i, December 31, 2001.



Colette Y. Garibaldi

 Judge Colette Y. Garibaldi
 Administrative Judge and
 Deputy Chief Judge, Traffic Division
 District Court of the First Judicial Circuit

**Photo Red Light
Enforcement
Citation**

(FRONT)

Department of Transportation – Highways Division

COMPLAINT AND SUMMONS

In the District Court, First Judicial Circuit,

City & County of Honolulu

State of Hawai'i

Citation No. 000001VO Date Issued: 00/00/00

District: Beat:

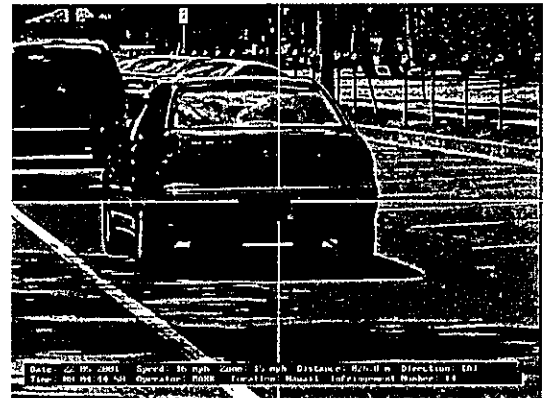
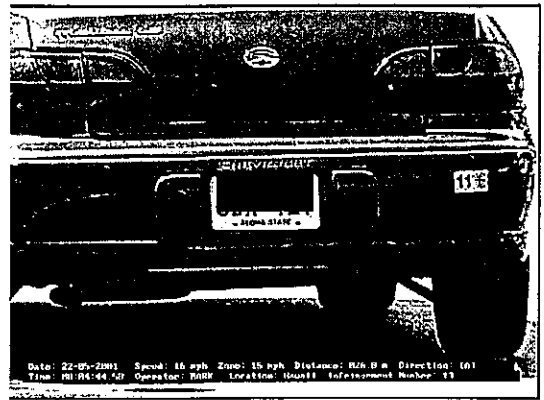
Registered Owner Information:

Name

Address

City, State Zip

Your vehicle was photographed violating a State of Hawai'i traffic law on the date and time listed below. Pursuant to Act 240, Session Laws of Hawai'i (SLH) 2000; Act 263, SLH 1999; Act 234, SLH 1998; and §291C-165(b), Hawai'i Revised Statutes (HRS), you, as the registered owner of the vehicle, are responsible for the traffic infraction recorded by the automated traffic enforcement system. If you were not operating the vehicle at the time of the violation, you may complete and submit the Declaration of Vehicle Operator Identification on the back of this citation within **15 days** of the date of issue. On the back of this citation, you will also find detailed information regarding payment and adjudication. Additional instructions are on the insert. For more information, please call: (808) 834-6766.



Driver's License Number:			
Date of Violation:		Time: (am/pm)	
Vehicle Lic. No.		State	
Vehicle Make	Type	Color	Yr
Location of Violation: (Street and direction) Code:			
Code and Section: HRS (Section 291C-32(a)(3))			
Description: Red light violation			
Complainant: Dept. of Transportation		Operator ID No.	
A Postmark/paid before court date		B Postmark/paid on/after court date	
Payment Amount: \$\$\$		Payment Amount: \$\$\$	

Your court appearance date is:

Date: Time: AM/PM

Courtroom: District Court of:

Cut on Dotted Line and Return Bottom Portion with Payment

11107023610250003500014

Complete the following if making payment by mail:

(Preprinted) Name

Address

City, State Zip

Driver's License Number

(Preprinted) District Court of _____

Date of Birth: (fill-in) _____

Amount Paid: \$ (fill-in) _____

Court Date: _____

Bar Code

Citation Number

If you wish to make a credit card payment, complete reverse side.

(BACK)

IMPORTANT READ CAREFULLY

You may pay for the citation, submit a written statement or attend an informal hearing to explain your side of the case. Please read the instructions on the insert for more information.

Failure to respond to this traffic citation by your court date may cause a default judgment to be issued in favor of the State of Hawai'i and prevent you from renewing your driver's license. Additional penalties may be imposed.

PAYMENT INSTRUCTIONS – You may pay either by mail, in person at any district court, by telephone or through the Internet. Telephone (1-800-423-3841) and Internet (<http://www.state.hi.us/jud/>) payments will incur convenience fees, and must be paid 24 hours before the court date. The system will not accept any payments less than 24 hours before a court date. Saturdays, Sundays, and State holidays are not considered part of the 24-hour period before a court date. If paying by mail, only check, money order (US dollars), JCB, VISA or MasterCard credit cards will be accepted. Illegible requests will not be honored. **DO NOT SEND CASH.** Please make check or money order payable to DISTRICT COURT. A service fee of \$15 plus interest will be assessed for any dishonored item.

JUVENILES – If you are under the age of 18, you must be accompanied by a parent or legal guardian when you appear in court. If a written statement is submitted, your parent or legal guardian must co-sign the written statement. If you are making a payment, please see insert under JUVENILES for additional information.

RENTAL/U-DRIVE AGENCIES – Please call (808) 834-6766 for information on obtaining and completing Affidavit of Vehicle Lessee Identification.

Declaration of Vehicle Operator Identification			
(Act 234, SLH 1998, Section 12(b), as amended by Act 263, SLH 1999, Section 7(8))			
We, the undersigned, declare that _____, the registered owner of the vehicle to which			
<i>Print Full Name</i>			
citation # _____ was issued, was not operating the vehicle at the time of the alleged violation as described on the			
front of this citation. Citation will be reissued in the name of the vehicle operator. The current name and address of the operator of the vehicle at the time of the alleged violation are as follows:			
Name: _____	Driver's License No.: _____	Date of Birth: _____	
Address: _____		City: _____	State/Zip Code: _____
We, the undersigned, do further declare under penalty of perjury and other laws that the foregoing is true and correct. We further understand that criminal and civil penalties may apply in the event of false statements.			
Signature of Registered Owner _____		Signature of Vehicle Operator _____	
Date _____		Date _____	
Telephone Number _____		Telephone Number _____	
The registered owner must submit the legible, completely filled out, signed, and dated declaration (1) with the registered owner's answer to the notice of traffic infraction (citation) within fifteen days of the date of issuance in accordance with Section 291D-6(b) of the Hawai'i Revised Statutes, or (2) on your scheduled court date. Please return this form in the envelope provided.			

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Complete only if making a credit card payment.

JCB, VISA OR MASTERCARD ONLY			
PRINT CLEARLY; ILLEGIBLE REQUESTS WILL NOT BE HONORED			
Charge to my:	<input type="checkbox"/> JCB	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Acct. # _____	Expires: _____		_____
Name _____	Phone (Day) _____		_____
Address _____	State/Zip Code _____		_____
Signature _____			

Photo Speed Enforcement Citation

(FRONT)

Department of Transportation – Highways Division

COMPLAINT AND SUMMONS

In the District Court, First Judicial Circuit,

City & County of Honolulu

State of Hawai'i

Citation No. 000001VO Date Issued: 00/00/00

District: Beat:

Registered Owner Information:

Name
Address
City, State Zip

Your vehicle was photographed violating a State of Hawai'i traffic law on the date and time listed below. Pursuant to Act 240, Session Laws of Hawai'i (SLH) 2000; Act 263, SLH 1999; Act 234, SLH 1998; and §291C-165(b), Hawai'i Revised Statutes (HRS), you, as the registered owner of the vehicle, are responsible for the traffic infraction recorded by the automated traffic enforcement system. If you were not operating the vehicle at the time of the violation, you may complete and submit the Declaration of Vehicle Operator Identification on the back of this citation within 15 days of the date of issue. On the back of this citation, you will also find detailed information regarding payment and adjudication. Additional instructions are on the insert. For more information, please call: (808) 834-6766.

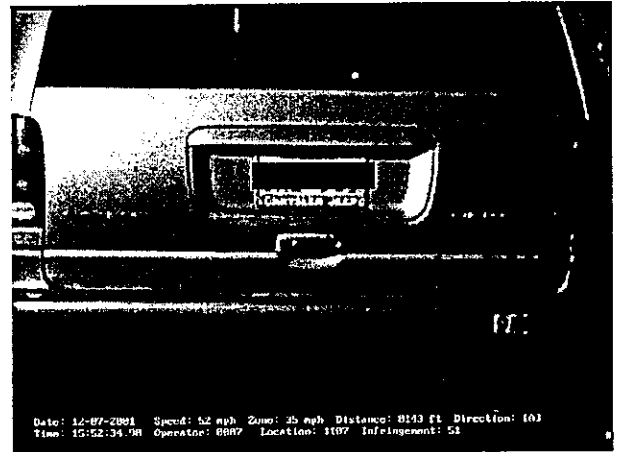
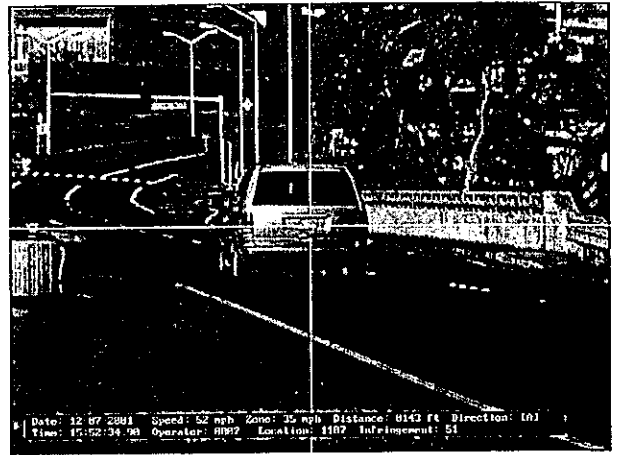
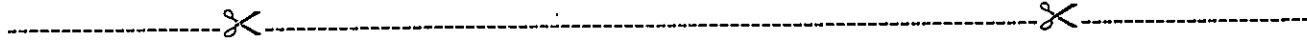


Photo Speed Enforcement: Equipment was deployed, tested and working properly at the time of the violation. Warning signs were posted in accordance with HDOT regulations.			
Driver's License Number:			
Date of Violation:		Time: (am/pm)	
Vehicle Lic. No.		State	
Vehicle Make	Type	Color	Yr
Location of Violation: (Street and direction) Code:			
Code and Section: HRS (Section 291C-102)			
Description: Noncompliance with speed limit			
Vehicle Speed:		Posted Speed:	
Complainant: Dept. of Transportation		Operator ID No.	
A Postmark/paid before court date		B Postmark/paid on/after court date	
Payment Amount: \$\$\$		Payment Amount: \$\$\$	

Your court appearance date is:
Date: Time: AM/PM
Courtroom: District Court of:

Cut on Dotted Line and Return Bottom Portion with Payment



11107023610250003500014

Complete the following if making payment by mail:

(Preprinted) Name
Address
City, State Zip
Driver's License Number

Date of Birth: (fill-in)

Amount Paid: \$ (fill-in)

(Preprinted) District Court of

Court Date:

Bar Code

Citation Number

If you wish to make a credit card payment, complete reverse side.

(BACK)

IMPORTANT READ CAREFULLY

You may pay for the citation, submit a written statement or attend an informal hearing to explain your side of the case. Please read the instructions on the insert for more information.

Failure to respond to this traffic citation by your court date may cause a default judgment to be issued in favor of the State of Hawai'i and prevent you from renewing your driver's license. Additional penalties may be imposed.

PAYMENT INSTRUCTIONS – You may pay either by mail, in person at any district court, by telephone or through the Internet. Telephone (1-800-423-3841) and Internet (<http://www.state.hi.us/iud/>) payments will incur convenience fees, and must be paid 24 hours before the court date. The system will not accept any payments less than 24 hours before a court date. Saturdays, Sundays, and State holidays are not considered part of the 24-hour period before a court date. If paying by mail, only check, money order (US dollars), JCB, VISA or MasterCard credit cards will be accepted. Illegible requests will not be honored. **DO NOT SEND CASH.** Please make check or money order payable to DISTRICT COURT. A service fee of \$15 plus interest will be assessed for any dishonored item.

JUVENILES – If you are under the age of 18, you must be accompanied by a parent or legal guardian when you appear in court. If a written statement is submitted, your parent or legal guardian must co-sign the written statement. If you are making a payment, please see insert under JUVENILES for additional information.

RENTAL/U-DRIVE AGENCIES – Please call (808) 834-6766 for information on obtaining and completing Affidavit of Vehicle Lessee Identification.

Declaration of Vehicle Operator Identification
(Act 234, SLH 1998, Section 12(b), as amended by Act 263, SLH 1999, Section 7(8))

We, the undersigned, declare that _____, the registered owner of the vehicle to which
Print Full Name
citation # _____ was issued, was not operating the vehicle at the time of the alleged violation as described on the
front of this citation. Citation will be reissued in the name of the vehicle operator. The current name and address of the operator of the vehicle
at the time of the alleged violation are as follows:

Name: _____ Driver's License No.: _____ Date of Birth: _____
Address: _____ City: _____ State/Zip Code: _____

We, the undersigned, do further declare under penalty of perjury and other laws that the foregoing is true and correct. We further understand
that criminal and civil penalties may apply in the event of false statements.

Signature of Registered Owner	Date	Signature of Vehicle Operator	Date
Telephone Number		Telephone Number	

The registered owner must submit the legible, completely filled out, signed, and dated declaration (1) with the registered owner's answer to the
notice of traffic infraction (citation) within fifteen days of the date of issuance in accordance with Section 291D-6(b) of the Hawai'i Revised
Statutes, or (2) on the scheduled court date. Please return this form in the envelope provided.

Complete only if making a credit card payment.

JCB, VISA OR MASTERCARD ONLY
PRINT CLEARLY; ILLEGIBLE REQUESTS WILL NOT BE HONORED

Charge to my: JCB VISA MASTERCARD

Acct. # _____ Expires: _____
Name _____ Phone (Day) _____
Address _____ State/Zip Code _____
Signature _____

Photo Red Light
Enforcement
Citation
(Re-issued)

Department of Transportation – Highways Division

COMPLAINT AND SUMMONS

In the District Court, First Judicial Circuit,

City & County of Honolulu

State of Hawai'i

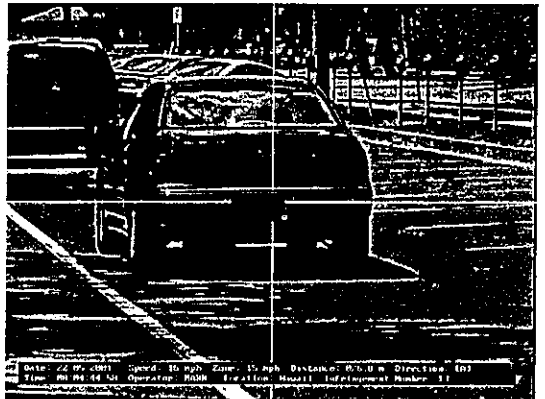
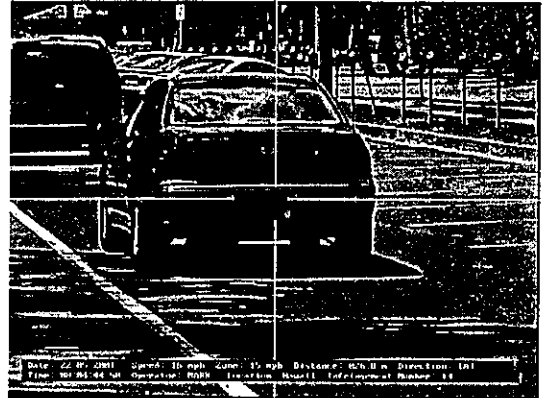
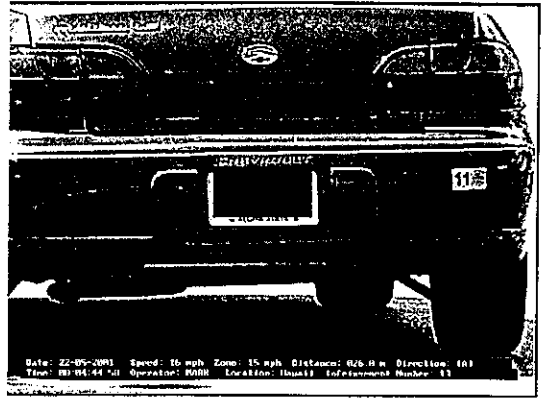
Citation No. **R000001VO**

Date Reissued: 00/00/00

District: Beat:

Driver Information:

Name
Address
City, State Zip



Pursuant to Act 240, Session Laws of Hawai'i (SLH) 2000; Act 263, SLH 1999; Act 234, SLH 1998; and §291C-165(b) Hawai'i Revised Statutes (HRS), the registered owner of the vehicle listed below has declared to the court that you were the operator of vehicle at the date and time of the violation. You are now responsible for the traffic infraction recorded by the automated traffic enforcement system. Please respond within **15 days** from the date of reissue. On the back of this citation you will find detailed information regarding payment and adjudication. For additional information, please call: (808) 834 – 6766.

Driver's License Number:			
Date of Violation:		Time: (am/pm)	
Vehicle Lic. No.		State	
Vehicle Make	Type	Color	Yr
Location of Violation: (Street and direction) Code:			
Code and Section: HRS (Section 291C-32(a)(3))			
Description: <i>Red light violation</i>			
Complainant: Dept. of Transportation		Operator ID No.	
Postmark/paid before court date		B Postmark/paid on/after court date	
Payment Amount: \$\$\$			Payment Amount: \$\$\$

Your court appearance date is:
Date: Time: AM/PM
Courtroom: District Court of:

Cut on Dotted Line and Return Bottom Portion with Payment

11107023610250003500014

Complete the following if making payment by mail:

(Preprinted) Name _____ Date of Birth: (fill-in) _____
 Address _____
 City, State Zip _____ Amount Paid: \$ (fill-in) _____
 Driver's License Number _____
 (Preprinted) District Court of _____ Court Date: _____

Bar Code

Citation Number

If you wish to make a credit card payment, complete reverse side.

(BACK)

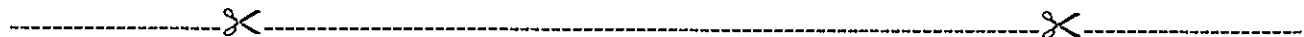
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Complete only if making a credit card payment.

JCB, VISA OR MASTERCARD ONLY			
PRINT CLEARLY; ILLEGIBLE REQUESTS WILL NOT BE HONORED			
Charge to my:	<input type="checkbox"/> JCB	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Acct. #	_____	Expires:	_____
Name	_____	Phone (Day)	_____
Address	_____	State/Zip Code	_____
Signature	_____		

Photo Speed
Enforcement
Citation
(Re-issued)

(FRONT)

Department of Transportation – Highways Division

COMPLAINT AND SUMMONS

In the District Court, First Judicial Circuit,

City & County of Honolulu

State of Hawai'i

Citation No. **R00001VO**

Date Reissued: 00/00/00

District: Beat:

Driver Information:

Name

Address

City, State Zip

Pursuant to Act 240, Session Laws of Hawai'i (SLH) 2000; Act 263, SLH 1999; Act 234, SLH 1998; and §291C-165(b) Hawai'i Revised Statutes (HRS), the registered owner of the vehicle listed below has declared to the court that you were the operator of vehicle at the date and time of the violation. You are now responsible for the traffic infraction recorded by the automated traffic enforcement system. Please respond within 15 days from the date of reissue. On the back of this citation you will find detailed information regarding payment and adjudication. For additional information, please call: (808) 834 – 6766.

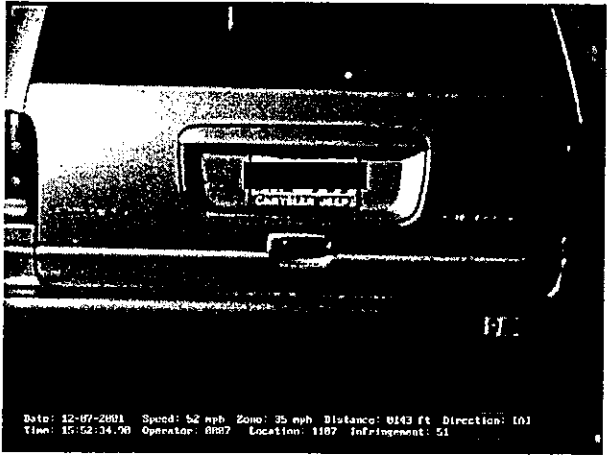
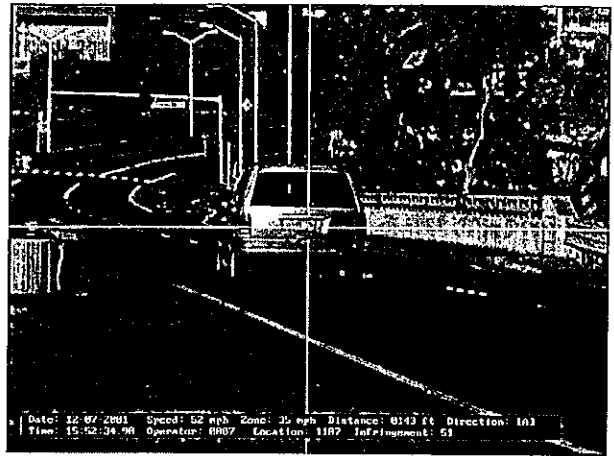


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Driver's License Number:			
Date of Violation:		Time: (am/pm)	
Vehicle Lic. No.		State	
Vehicle Make	Type	Color	Yr
Location of Violation: (Street and direction) Code:			
Code and Section: HRS (Section 291C-102)			
Description: Noncompliance with speed limit			
Vehicle Speed:		Posted Speed:	
Complainant: Dept. of Transportation		Operator ID No.	
A Postmark/paid before court date		B Postmark/paid on/after court date	
Payment Amount: \$\$\$		Payment Amount: \$\$\$	

Your court appearance date is:

Date: Time: AM/PM
Courtroom: District Court of:

Cut on Dotted Line and Return Bottom Portion with Payment

11107023610250003500014

Complete the following if making payment by mail:

(Preprinted) Name
Address
City, State Zip
Driver's License Number

Date of Birth: (fill-in)

Amount Paid: \$ (fill-in)

(Preprinted) District Court of

Court Date:

Bar Code

Citation Number

If you wish to make a credit card payment, complete reverse side.

(BACK)

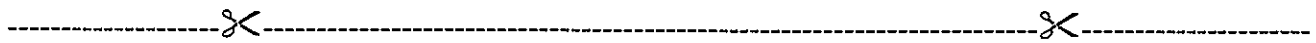
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Complete only if making a credit card payment.

JCB, VISA OR MASTERCARD ONLY			
PRINT CLEARLY; ILLEGIBLE REQUESTS WILL NOT BE HONORED			
Charge to my:	<input type="checkbox"/> JCB	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Acct. #	_____	Expires:	_____
Name	_____	Phone (Day)	_____
Address	_____	State/Zip Code	_____
Signature	_____		