

UNITED STATES DISTRICT COURT - NOTICE TO APPEAR

You are notified that a violation notice issued to you personally or placed on your vehicle remains unanswered.

CITATION NO.	DATE VIOLATION ISSUED	COLLATERAL (AMOUNT DUE)

OFFENSE	LOCATION OF OFFENSE	PLATE NUMBER

UNITED STATES OF AMERICA VS	COURT LOCATION	DATE/TIME OF COURT APPEARANCE

A court appearance has been scheduled in this matter. This notice is your final opportunity to pay the collateral (amount due) in the sum indicated above. Return the bottom portion of this notice in the envelope provided with your check or money order made payable to **Central Violations Bureau**. Write the citation number on your check or money order. Do not send cash through the mail. The collateral (amount due) will then be forfeited and the case will then be closed without the need for your personal appearance.

To assure that payment is received and processed before your court date, you must mail this notice and payment 10 days before the above specified court appearance date that has been set for your case.

Failure to pay the collateral (amount due) or appear before the judge at the date and time shown above, may result in your arrest. If you appear before the court and plead guilty or are convicted, the court may impose any sentence authorized by law, not limited to the amount set forth above, and also may impose a special assessment of \$5, \$10, or \$25 for each offense. If you are charged with a motor vehicle violation, a record of your payment of collateral may be reported to the Department of Motor Vehicles of your state.

Checks tendered in payment of this obligation are received subject to collection and full credit given only after they are accepted by the financial institution on which they are drawn. For further information regarding this notice call (800) 827-2982.

SPECIAL INSTRUCTIONS

If payment has been sent disregard this notice.

Detach this portion and return with your payment

**U. S. Courts - CVB
P.O. Box 740026
Atlanta, GA 30374-9844
(800) 827-2982**

LOCATION CODE	CITATION NUMBER	COLLATERAL (Amount Due)

DEFENDANTS NAME AND ADDRESS	TO PAY BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING:
	Credit card type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER Card holder name: _____ Credit card number: _____ Telephone number: _____ Expiration date: _____ Signature: _____

Please make your check or money order made payable to: **Central Violations Bureau**. Write the citation number on your check or money order.