

YOUTH please check for Youth Charges



Summons to Accused

Police # _____

Canada
Province of Nova Scotia

On or about the _____ day of _____, 20____ Time: _____

 M

A/C or P/C

LAST NAME: _____ First: _____ Middle: _____

TELEPHONE NO.

ADDRESS (Number & Street) _____

Municipality: _____ Province: _____ Postal Code: _____

AT or NEAR _____ County: _____ NS

DID UNLAWFULLY COMMIT THE OFFENCE OF: _____

RATE OF SPEED



Contrary to Section: _____	Subsection: _____	Name of Statute _____
(Print)		

IMPORTANT

Please read the other side of this Summons concerning your options. Police Officers are not allowed to accept payments.



Signed (informant) _____ This _____ day of _____, 20____.

Informant ID: _____ Police Dep't. or Agency _____.

YOU ARE REQUIRED TO **EITHER** PLEAD GUILTY AND PAY THE AMOUNT PAYABLE (IF NOTED BELOW) **OR** NOTIFY THE COURT OF YOUR INTENT TO APPEAR IN COURT AND PLEAD NOT GUILTY AND HAVE A TRIAL OR PLEAD GUILTY AND MAKE A SUBMISSION AS TO PENALTY

BEFORE THE DUE DATE, THE _____ DAY OF _____, 20____.

YOUTH CHARGES

MUST APPEAR ON THE _____ DAY OF _____, 20____

AT _____ PROVINCIAL COURT, IN COURTROOM _____ AT _____ M.

COURT INFORMATION

_____ PROVINCIAL COURT TEL: 1-877-445-4012

ADDRESS _____

THE FOLLOWING DOES NOT FORM PART OF THE CHARGE

TOTAL AMOUNT PAYABLE AS SET BY REGULATION IS:	\$	Offence	Fine Payable to				
		2nd	3rd	Subsequent	Municipal	Provincial	Federal
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER OTHER	BIRTH DATE			SEX _____	OCCUPATION _____													
	YEAR	MONTH	DAY	Driver's Lic. No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROV.	CLASS
	CARRIER'S MASTER			NSC No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROV.
VEHICLE	MAKE	TYPE/COLOUR			YEAR	VEHICLE LICENSE NO.				PROVINCE	YEAR							
	<input type="checkbox"/> BUS	Seating Capacity <input type="checkbox"/>			<input type="checkbox"/> TRUCK	Gross Vehicle Weight <input type="checkbox"/>				<input type="checkbox"/> lb	<input type="checkbox"/> kg							
	Owner's Name _____																	
Address _____																		

Peace Officer Issuing Summons (PRINT) _____ Police Dept. or Agency _____