

**THIS IS A LEGAL DOCUMENT. PLEASE PRINT CLEARLY, PRESS FIRMLY AND PROVIDE ALL INFORMATION REQUESTED.**

GENERAL VIOLATIONS SUMMONS AND COMPLAINT:

ON BEHALF OF THE PEOPLE OF THE CITY AND COUNTY OF DENVER, COLORADO, PLAINTIFF, VS.

DEFENDANT	Last Name				First		Middle		DOB		Agency #		Busn License Type			
	Complete Home Address, Incl. Apt. #								City		State		ZIP Code		Home Phone	
	Race	Sex	Hgt.	Wgt.	Eyes	Corr. Lenses	Hair	Driver's License #		State		General Violations Case Number				
OFFENSE	Approx. Location of Offense: In the City and County of Denver at								Date and Approximate Time of Offense							
									at _____ AM PM							
	Served By and Badge Number								Method of Service				Date of Service			
COURT	Name of Person Served								Position with Business							
	<p>You are hereby summoned to appear in Denver County Court, at <b>520 W. Colfax Ave., Room #160</b>, to answer the charges listed below for violation of the Revised Municipal Code of the City and County of Denver, Colorado, as amended.</p> <p><b>WARNING: IF YOU FAIL TO APPEAR IN RESPONSE TO THIS SUMMONS AS ORDERED, A WARRANT WILL BE ISSUED FOR YOUR ARREST AND COSTS FOR THE WARRANT WILL BE ASSESSED.</b></p>								APPEAR IN COURT AT							
									_____ AM _____ PM on _____						If this appearance falls on a Saturday, Sunday or holiday, you MUST appear on the next regular Court business day at 8:00 A.M. You can find information on the violation(s) you are charged with and case information at <a href="http://www.denvercountycourt.org">www.denvercountycourt.org</a> . TELEPHONE NUMBER (720) 337-0410	
VIOLATIONS	Counts	D.R.M.C. Sec. No.			Description of Code Violation											
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STATEMENT UNDERLYING VIOLATION	<input type="checkbox"/> Photos <input type="checkbox"/> Videos <input type="checkbox"/> Other Evidence															
	Narrative:															

## NOTES FROM INVESTIGATION

Investigator/Inspector Name	Badge #
Investigator/Inspector Name	Badge #
Investigator/Inspector Name	Badge #

Animal Description:

Name:

Breed:

Color:

Sex:

License #:

Rabies #:

Proof of Ownership:

Prior Inspections:

WITNESS INFORMATION	Complaining Witness:			Statement Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address:		City:	State:	ZIP Code:	
	Home Phone:		Work Phone:		Email Address:	
	Witness:			Statement Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address:		City:	State:	ZIP Code:	
	Home Phone:		Work Phone:		Email Address:	
	Witness:			Statement Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address:		City:	State:	ZIP Code:	
	Home Phone:		Work Phone:		Email Address:	
	Witness:			Statement Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address:		City:	State:	ZIP Code:	
	Home Phone:		Work Phone:		Email Address:	