

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

<input checked="" type="checkbox"/> VIOLATION(S) <small>(SEE B ON BACK)</small>	OR <small>(Not Both)</small>	<input type="checkbox"/> CRIME(S) <small>(SEE A ON BACK)</small>	<input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Other <input type="checkbox"/> Wildlife <input type="checkbox"/> Boating <input type="checkbox"/> Commercial Fishing
------------------------------------------------------------------------------------	------------------------------	---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

In the Circuit Court of the State of Oregon for Multnomah County

<input type="checkbox"/> STATE OF OREGON <input type="checkbox"/> CITY OF GRESHAM	<input checked="" type="checkbox"/> COUNTY OF MULTNOMAH <input type="checkbox"/> TRI-MET	<input checked="" type="checkbox"/> CITY OF PORTLAND <input type="checkbox"/> PORT OF PORTLAND	VS.
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COMPLAINT 21519274

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

ID TYPE DDL	ID NO. [REDACTED]	STATE OR	TEL NO. [REDACTED]
NAME: LAST [REDACTED]	FIRST [REDACTED]	MIDDLE INITIAL [REDACTED]	
ADDRESS [REDACTED]		LIC CLASS C	<input type="checkbox"/> Employed to Drive
CITY PORTLAND	STATE OR	ZIP CODE 97217	DEF. IS <input type="checkbox"/> Passenger
SEX F	RACE W	DATE OF BIRTH [REDACTED]	<input type="checkbox"/> Other
HEIGHT 5'15"	WEIGHT 140	HAIR BRN	EYES [REDACTED]

AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:

OFFENSE DATE ON OR ABOUT	MONTH Nov.	DAY 2	YEAR 2005	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 5:30	<input type="checkbox"/> Premises Open To Public <input checked="" type="checkbox"/> Hwy
AT OR NEAR LOCATION NE BROADWAY / NE 2ND					

INVOLVING THE FOLLOWING:

TYPE P.C.	REGIS / VIN / ID NO. [REDACTED]	STATE OR	<input type="checkbox"/> Accident <input type="checkbox"/> Injury
VEHICLE Year Make Model Style Color OR Other Describe: [REDACTED]		<input checked="" type="checkbox"/> Property Damage <input type="checkbox"/> Endanger Others	<input type="checkbox"/> Driver Not Reg Owner <input type="checkbox"/> Haz Material
OTHER [REDACTED]		<input type="checkbox"/> Commercial Vehicle	

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. VIOLATED (Cite ORS/ORD/Rule) 811.355	DESCRIBE IMPROPER RIGHT TURN	Alleged Spd [REDACTED]	Designated Spd [REDACTED]	<input type="checkbox"/> VBR <input type="checkbox"/> Posted Limit	1. Base Fine 237.00
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wk Zn				<input type="checkbox"/> Radar <input type="checkbox"/> Pace <input type="checkbox"/> Laser	
2. VIOLATED (Cite ORS/ORD/Rule) 811.050	DESCRIBE FAIL YIELD TO PEDESTRIAN IN LANE				2. Base Fine 237.00
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wk Zn					
3. VIOLATED (Cite ORS/ORD/Rule)	DESCRIBE				3. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wk Zn					

OTHER/EXPLAIN:

Custody Report Done
Video Evidence

CERTIFY UNDER ORS 153.045 AND 153.990 AND UNDER OTHER APPLICABLE LAW AND UNDER PENALTIES FOR FALSE SWEARING, DO SWEAR/AFFIRM THAT I HAVE SUFFICIENT GROUNDS TO AND DO BELIEVE THAT THE ABOVE-MENTIONED DEFENDANT/PERSON COMMITTED THE ABOVE OFFENSE(S) AND I HAVE SERVED THE DEFENDANT/PERSON WITH THIS COMPLAINT

DATE ISSUED
12/13/05

OFFICER SIGNATURE
[Signature] PRINT NAME
SEAN BARRETT

GFC ID/PRECINCT

AGENCY ID: PPD POP MCSD GREPD OSP TRIMET SCHOOL OTHER

DATE ISSUED

Arresting Person or 2nd Oic (if necessary) SIGNATURE PRINT NAME

GFC ID/PRECINCT

AGENCY ID: PPD POP MCSD GREPD OSP TRIMET SCHOOL OTHER

YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:

MONTH / DAY / YEAR 02-15-06	TIME <input checked="" type="checkbox"/> 8:30 a.m. <input type="checkbox"/> 1:00 p.m. <input type="checkbox"/> 5:00 p.m. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Circuit Court Room 105 1021 SW Fourth Ave, Portland, OR 503-988-3235 <input type="checkbox"/> Circuit Court Gresham 150 W Powell Gresham, OR 503-988-3199 <input type="checkbox"/> Justice Center Ctrm. 44 1120 SW 3rd Ave., Portland, OR 503-988-3235 <input type="checkbox"/> Community Court Justice Center Courtroom #1, 1120 SW 3rd Ave, Portland GR 503-988-3235
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COURT RECORD

BASED ON: WRITTEN SUBMISSION APPEARANCE

DATE	EVENT/NOTES	INITIAL
	ARRAIGNED <input type="checkbox"/> MISD. <input type="checkbox"/> VIOL. <input type="checkbox"/> 161.566 OR <input type="checkbox"/> 161.568 (reduction)	
	SECURITY RELEASE AT: \$ _____ RECEIPT NO.: _____	
	COURT/JURY TRIAL <input type="checkbox"/> WAIVED	
	CRIMINAL RIGHTS GIVEN	
	ATTORNEY: _____ OSB# _____ <input type="checkbox"/> WAIVED	
	WARRANT ORDERED: _____ ISSUED: _____	
	DIVERSION AGREEMENT: _____	
	CONTINUED TO: _____ REASON: _____	
	TO: _____ REASON: _____	
	<input type="checkbox"/> ORS 135.355 CONDITIONAL PLEA	
THE ATTACHED ADDITIONS TO THIS RECORD ARE INCORPORATED BY REFERENCE; SEE PAGE(S):		
<input type="checkbox"/> 1 (BY _____); <input type="checkbox"/> 2 (BY _____); <input type="checkbox"/> 3 (BY _____); <input type="checkbox"/> 4 (BY _____)		

JUDGMENT OF THE COURT (SUBMIT ABSTRACT COPY UNDER ORS 153.111)

OFF#	RESPONSE/PLEA	CHANGE PLEA	FINDING	DETERMINATION	OFFENSE CITE	TYPE	CLASS
1	G NG NC FTA		G NG	C A DISM		V M	B C D OTH
2	G NG NC FTA		G NG	C A DISM		V M	A B C D OTH
3	G NG NC FTA		G NG	C A DISM		V M	A B C D OTH

DISPOSITION: 137.533 Deferred Sentence SIS Dr. Priv. Susp. _____ (Time) Conv. Spd. _____

JAIL: _____
 PROBATION/OTHER: _____

THE ATTACHED ADDITIONS TO THIS RECORD ARE INCORPORATED BY REFERENCE; SEE PAGE(S):

1 (BY _____); 2 (BY _____); 3 (BY _____); 4 (BY _____)

MONEY AWARD	OFFENSE 1		OFFENSE 2		OFFENSE 3	
	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED
MONEY OBLIGATION						
FINE	178		178			
COSTS						
137.309 ASSESSMENT						
UNITARY ASSESSMENT						
RESTITUTION						
TOTALS						

TOTAL AMOUNT TO PAY THAT IS *NOT* SUSPENDED (FROM OFFENSES 1, 2 AND 3) \$ _____
 TERMS OF PAYMENT: _____

This money award creates a judgment lien.
 All monies, including suspended monies, *become due immediately* under ORS 153.090(4) if non-suspended monies not paid in accordance with terms of payment.
 The attached additions to this MONEY award are incorporated by reference, see page(s):
 1 (BY _____); 2 (BY _____)

JUDGMENT CREDITOR: STATE OF OREGON
 JUDGMENT DEBTOR: DEFENDANT OTHER _____

DATE: 4/13/06 SIGNATURE OF JUDGE VIOLATIONS CLERK, WHERE ALLOWED

MULTNOMAH COUNTY CIRCUIT COURT
TRIAL REQUEST

State of Oregon vs. [REDACTED]

Mailing Address [REDACTED]

City/State/Zip Portland, OR 97217

Phone [REDACTED]

DEFENDANT STATUS

Custody R.O.R. Bail Citation

Case or Citation # 21519274 Charge 1, 2

Case or Citation # _____ Charge _____

Case or Citation # _____ Charge _____

I plead not guilty. Please enter my plea and schedule a trial.

An interpreter is needed in _____ (language).

X 2/15/06
Date

[Signature]
Signature of Defendant or Attorney

ATTORNEY NAME AND ADDRESS

Bar Number **FILED**

Phone Number
FEB 15 2006

Please Print Name
ENTERED
Address (If you have recently moved)
FEB 15 2006
City/State/Zip

CIRCUIT COURT
MULTNOMAH COUNTY, OREGON
IN REGISTER BY TG
YOU WILL BE NOTIFIED BY MAIL OF THE TRIAL DATE, TIME AND LOCATION.

IF YOU DO NOT RECEIVE YOUR TRIAL DATE WITHIN 14 DAYS, PLEASE CONTACT THE COURT.

GRESHAM COURT
(503) 988-3199

DOWNTOWN COURT
(503) 988-3235

Date 2-15-06

Clerks Initials JM

NOTICE TO DEFENDANTS AND OFFICERS

Either side may request ONE re-setting of the trial. The request must be in writing, received by the court more than 14 days prior to the scheduled trial date, and MUST DEMONSTRATE GOOD CAUSE. If granted, the date can be changed, but not the court time.



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

Exemplary service for a safe, livable community

BERNIE GIUSTO
SHERIFF

(503) 255-3600 PHONE
(503) 251-2484 TTY
www.sheriff-mcso.org

County: MULTNOMAH
Court Case: Z1519274
MCSO Case #: 2005-118979
Court: :

RE: STATE OF OREGON

VS.

[REDACTED]



I hereby certify that the attached

CITATION
COMPLAINT

was/were delivered to me for service on the 15 day of December, 2005 , and was/were
duly certified to be true copy by .

I further certify that I served the papers upon

[REDACTED]

on the 29 day of December, 2005, at 5:17 pm , at [REDACTED]

BERNIE GIUSTO, Sheriff
Multnomah County, Oregon

By: [Signature] 32272

LAIZURE, BRENT DPSST#: 32272

11/22/05

MR. BARRATT WILL BE
IN 7-141 DAYS TO
AFFIRM & SIGN CITATION

Sgt. GARY CEROTSKY


PORTLAND POLICE TICK.


PORTLAND
POLICE BUREAU

SPECIAL REPORT

INFORMATION CLEARANCE
 CONTINUATION SUPPLEMENTAL

PAGE OF
1

CASE NO.	REFER CASE NO.	CLASSIFICATION
<input type="checkbox"/> 1. UNFOUNDED <input type="checkbox"/> 2. PENDING	<input type="checkbox"/> 3. SUSPENDED <input type="checkbox"/> 4. CLR BY ARREST	<input type="checkbox"/> 5. EXCEPTIONAL <input type="checkbox"/> 6. REFERRED
ORIGINAL REPORT DATE/TIME 11/02/2005	1730 hrs	THIS REPORT DATE/TIME 11/22/2005 0830 hrs

LOCATION OF OCCURRENCE
200 Block of NE Broadway Portland, Oregon 

PERSON	CO-Complainant	SB-Subject	SI-Sick/Injured/Cared For	PE-Park Exclusion
CODE CO	NAME: Barrett	LAST Sean	FIRST Patrick	MIDDLE Patrick
			CRN	SEX M
				RACE W
				DOB 02/18/77
ADDRESS 920 NW Kearney Apt. 416 Portland, Ore.			ZIP 972	PHONE 503-730-7263
PROPERTY RECEIPT NO. N/A				

COPIES

- DET
- CAU
- Central
- East
- North
- TRF
- DA
- DVD
- ID
- Prop Room
- Crime Prev
- Intell
- Patrol Support

SUBJECT OF THIS REPORT
Issuance of citizen traffic citation

NARRATIVE/PROPERTY	S-STOLEN	L-LOST	F-FOUND	D-DAMAGED	K-SAFEKEEPING	R-RECOVERED
(ITEM) CODE ITEM BRAND MODEL/STYLE SERIAL NO. COLOR ENGRAVINGS/PECULIARITIES SIZE VALUE						

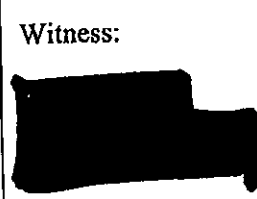
1 Additional Person Info.
Driver of number one (1) vehicle:



3 Number one (1) vehicle information:



1 Additional Person Info.




8 Narrative:

On Tuesday November 22 I returned a phone call to the above listed Sean Barrett. He explained that he had been involved in a traffic crash on November 02 2005 and that he wanted to pursue issuing a traffic citation to the driver of the vehicle.

I explained the "citizen citation" process to Mr. Barrett and he stated that he wanted to pursue the issuance of the citation.

I then asked what had occurred and requested the needed information for this report and citation.

- COMPUTER ENTRY
- Person
 - OPR
 - Vehicle
 - OPR
 - Crime/ Prop
 - OPR
 - Book
 - OPR

REPORTING OFFICER(S) Gary Cerotsky	BPST 6933	PREC/DIV Traf	RLP/SHIFT M	ASSN/DIST 3732	SUPERVISOR'S SIGNATURE 
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CASE NO.	CLASSIFICATION	TYPE OF CONTINUATION <input type="checkbox"/> INCIDENT <input type="checkbox"/> TRAFFIC ACCIDENT <input type="checkbox"/> CUSTODY <input checked="" type="checkbox"/> SPECIAL		
SUBJECT'S NAME Barrett, Sean Patrick	CRN	SEX M	RACE W	DOB 02/18/77
LOCATION OF OCCURRENCE 200 Block of NE Broadway		Portland, Oregon		
<small>NARRATIVE—The order of appearance for additional information will be: ITEM 1: ADDITIONAL PERSON INFO—List additional people (not suspects) and identify their involvement with the appropriate code. Additional person info includes contacts. ITEM 2: ADDITIONAL SUSPECT INFO—Report all suspect info on additional incident reports. Each suspect must have coded crime analysis descriptors. Detail in the narrative only suspect info not covered in the boxes. ITEM 3: ADDITIONAL VEHICLE INFO—List additional vehicles in the same fashion as reported in the vehicle section. Include the identifying code.</small>		<small>ITEM 4: ADDITIONAL WORTHLESS DOCUMENTS—Record multiple worthless documents on a multiple worthless document form and attach as additional pages. Record in the narrative the number of worthless documents written. ITEM 5: ADDITIONAL PROPERTY—Record no more than four additional items of property in the narrative—and/or use a special report and attach as additional pages.</small>	<small>ITEM 6: ADDITIONAL OFFICERS—List all officers present and identify their involvement with the incident being reported. ITEM 7: SUMMARY—A short summary is necessary if the narrative is more than one full page in length. ITEM 8: NARRATIVE—List in chronological order all of the relevant details in the incident and/or elements of the crime or violation.</small>	

ITEM	CODE	<p>8 Narrative (continued)</p> <p>Mr. Barrett told me that he was riding his bicycle westbound in the northern bike lane of NE Broadway. As he approached NE 2nd Avenue he slowed and checked cross traffic. When he was approx. one-half car length away from the intersection, the vehicle driven by [REDACTED] made a right hand turn from westbound Broadway onto northbound 2nd Avenue cutting in front of him.</p> <p>Mr. Barrett told me that according to witness [REDACTED], vehicle number one (1) did not make a right turn from the closest available right hand curb lane. [REDACTED] told Mr. Barrett that the turn was made from one of the other westbound traffic lanes.</p> <p>Mr. Barrett told me that he was able to apply his bicycle's brakes but that he could not avoid hitting the side of the vehicle. The impact knocked him to the ground. He sustained bruises, cuts and muscle strains.</p> <p>Mr. Barrett told me that [REDACTED] immediately stopped and check on his physical condition. She then helped him put his bicycle in her vehicle and drove him home. [REDACTED] also provided driver and vehicle information to Mr. Barrett.</p> <p>After Mr. Barrett returned home he started to experience more pain. At that point he went to the emergency room of his local hospital for treatment.</p> <p>I then discussed the possible violations that he could charge [REDACTED] with.</p> <p>It appears that the following charges apply:</p> <p>ORS 811.355 Improperly executed right turn Class B violation ORS 811.050 Failure to yield to rider on bicycle lane. Class B violation</p> <p>I then completed Oregon Uniform Citation and Complaint # Z-519274, leaving the signature and court appearance info. block blank.</p> <p>I then sent this report and the citation to the Multnomah County Circuit Court for further processing.</p>
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REPORTING OFFICER(S) Gary Cerotsky	BPST 6933	PREC/DIV Trf.	RLF/SHIFT M	ASSN/DIST 3732	SUPERVISOR'S SIGNATURE
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PORTLAND OR 97217-0000

NO: [REDACTED] TYPE:C END:

EXP: [REDACTED] ISS: [REDACTED] DOB: [REDACTED] 1ST LIC [REDACTED]

SEX:F HEIGHT: [REDACTED] WEIGHT: [REDACTED] 8 YEAR CDL:NO

STOPS:00 RES:D

****STATUS ON 11/22/05****

CDL:NONE

DL:VALID OPERATORS LICENSE

CONV 02-29-04 03-24-04 VBR V B

117023 C-CLACK ACT SPD 077 POSTED SPD 55

Received on 11/22/05 at 09:24:47

[REDACTED]
MA: [REDACTED] S: [REDACTED] Y: [REDACTED] L: SP:0
ID: [REDACTED] TI: [REDACTED]
CD:C EXP:080707 P/DT: [REDACTED] FL:
04: [REDACTED] 091569 X
R: [REDACTED]
PORTLAND OR 97217 0000 26

INSURANCE INFORMATION

COMPANY: NO INSURANCE INFORMATION ON FILE
POLICY NO: (POLICY) TYPE:
EFFECTIVE: 00-00-00 TERMINATION: 00-00-00

DISPLAY COMPLETE R=Y C=N S=N

Received on 11/22/05 at 09:27:42



MULTNOMAH COUNTY SHERIFF'S OFFICE

12240 NE GLISAN ST., • PORTLAND, OR 97230

Exemplary service for a safe, livable community

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SHERIFF

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(503) 251-2484 TTY
www.sheriff-mcso.org

County: MULTNOMAH
Court Case: Z1519274
MCSO Case #: 2005-118979
Court: :

RE: STATE OF OREGON

VS.

[REDACTED]

I hereby certify that the attached

CITATION
COMPLAINT


was/were delivered to me for service on the 15 day of December, 2005 , and was/were
duly certified to be true copy by .

I further certify that I served the papers upon

[REDACTED]

on the 29 day of December, 2005, at 5:17 pm , at [REDACTED].

BERNIE GIUSTO, Sheriff
Multnomah County, Oregon

By:  32272

LAIZURE, BRENT DPSST#: 32272

118909

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

COMPLAINT
21519274
DA

<input checked="" type="checkbox"/> VIOLATION(S) <small>(SEE # ON BACK)</small>	OR <small>(Not Both)</small>	<input type="checkbox"/> CRIME(S) <small>(SEE # ON BACK)</small>	<input checked="" type="checkbox"/> Traffic	<input type="checkbox"/> Other	<input type="checkbox"/> Wildlife
			<input type="checkbox"/> Boating	<input type="checkbox"/> Commercial Fishing	

In the Circuit Court of the State of Oregon for Multnomah County

<input checked="" type="checkbox"/> STATE OF OREGON	<input type="checkbox"/> COUNTY OF MULTNOMAH	<input type="checkbox"/> CITY OF PORTLAND	VS.
<input type="checkbox"/> CITY OF GRESHAM	<input type="checkbox"/> TRI-MET	<input checked="" type="checkbox"/> PORT OF PORTLAND	

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

ID TYPE 001	ID NO [REDACTED]	STATE OR	TEL. NO. [REDACTED]
NAME: LAST [REDACTED]		FIRST [REDACTED]	MIDDLE INITIAL [REDACTED]
ADDRESS [REDACTED]			LIC CLASS C <input type="checkbox"/> Employed to Drive
CITY Portland		STATE OR	ZIP CODE 97217
DEF. IS <input type="checkbox"/> Passenger	<input type="checkbox"/> Other		
SEX F	RACE W	DATE OF BIRTH [REDACTED]	HEIGHT 5'8"
WEIGHT 140		EYES BRN	

AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:

OFFENSE DATE ON OR ABOUT	MONTH Nov.	DAY 2	YEAR 2005	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 5:30	<input type="checkbox"/> Premises Open To Public <input checked="" type="checkbox"/> Hwy
AT OR NEAR LOCATION NE BROADWAY / NE 2ND					

INVOLVING THE FOLLOWING:

TYPE P.C.	REGIS. VIN. OR NO. [REDACTED]	STATE OR	<input type="checkbox"/> Accident	<input type="checkbox"/> Injury
VEHICLE Year, Make, Model, Style, Color; OR Other Describe: [REDACTED]			<input type="checkbox"/> Property Damage	<input type="checkbox"/> Endanger Others
OTHER [REDACTED]			<input type="checkbox"/> Driver Not Reg. Owner	<input type="checkbox"/> Haz Material
			<input type="checkbox"/> Commercial Vehicle	

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1. VIOLATED <small>(Cite ORS/ORD/Rule)</small> 811.355	DESCRIBE IMPROPER RIGHT TURN	Alleged Spd 231	Designated Spd 231	<input type="checkbox"/> VBR	<input type="checkbox"/> Posted Limit	1. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Paid Sch Zn <input type="checkbox"/> Hwy Wk Zn				<input type="checkbox"/> Radar <input type="checkbox"/> Pace <input type="checkbox"/> Laser		
2. VIOLATED <small>(Cite ORS/ORD/Rule)</small> 811.050	DESCRIBE FAIL YIELD ROAD IN LAINE	BIKE				2. Base Fine 23700
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Paid Sch Zn <input type="checkbox"/> Hwy Wk Zn						
3. VIOLATED <small>(Cite ORS/ORD/Rule)</small>	DESCRIBE					3. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Paid Sch Zn <input type="checkbox"/> Hwy Wk Zn						

OTHER/EXPLAIN: _____

I CERTIFY UNDER ORS 153.045 AND 153.990 AND UNDER OTHER APPLICABLE LAW AND UNDER PENALTIES FOR FALSE SWEARING, DO SWEAR/AFFIRM THAT I HAVE SUFFICIENT REASONS TO AND DO BELIEVE THAT THE ABOVE-MENTIONED DEFENDANT/PERSON COMMITTED THE ABOVE OFFENSE(S) AND I HAVE SERVED THE DEFENDANT/PERSON WITH THIS COMPLAINT.

DATE ISSUED 12/13/05	ISSUING OFFICER SIGNATURE 	PRINT NAME SEAN BARRETT	OFFICER ID/PRECINCT
AGENCY ID:	<input type="checkbox"/> PPD <input type="checkbox"/> POP <input type="checkbox"/> MCSD <input type="checkbox"/> GREPD <input type="checkbox"/> OSP <input type="checkbox"/> TRIMET <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> OTHER		

DATE ISSUED	Arresting Person or 2nd OK (if necessary) SIGNATURE	PRINT NAME	OFFICER ID/PRECINCT
AGENCY ID:	<input type="checkbox"/> PPD <input type="checkbox"/> POP <input type="checkbox"/> MCSD <input type="checkbox"/> GREPD <input type="checkbox"/> OSP <input type="checkbox"/> TRIMET <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER		

YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:			
MONTH / DAY / YEAR 02-15-06	TIME <input type="checkbox"/> 8:30 a.m. <input type="checkbox"/> 1:00 p.m. <input type="checkbox"/> 5:00 p.m. <input type="checkbox"/> Other	<input type="checkbox"/> Circuit Court Room 105 1021 SW Fourth Ave. Portland, OR 503-988-3235	<input type="checkbox"/> Circuit Court Gresham 150 W Powell, Gresham, OR 503-968-3199
		<input type="checkbox"/> Justice Center Ctm. #4 1120 SW 3rd Ave., Portland, OR 503-988-3235	<input type="checkbox"/> Community Court Justice Center Courtroom #1, 1120 SW 3rd Ave., Portland, OR 503-988-3235
NON-TRAFFIC OFFENSES ONLY			

ENTERED LAMM DEC 13 2005

1519274

ADDRESS VERIFICATION

Case# 21519274

The information below **MUST** be completed:

Print Name: _____	SSN: _____
Current Address: _____	DOB: _____
City/State/ZIP: _____	DL #: _____
Current Phone #: _____	
Date: <u>2/15/06</u>	Signature: _____

COURT COLLECTION FEES DISCLOSURE
Traffic Violations

Oregon law requires the Court to add the following if you incur a monetary obligation as a result of a traffic violation, the Court may impose additional collection fees. The Court cannot waive or suspend the fees.

PAYMENT SCHEDULE FEE

Chapter 823 Oregon Laws 2001, Section 20(1) provides:

All circuit courts . . . shall add a fee of not less than \$25 and not more than \$50 to any judgment that includes a monetary obligation that the court or judicial branch is charged with collecting. The fee shall be added to cover the cost of establishing and administering an account for the debtor and shall be added without further notice to the debtor or further order of the court. The fee shall be added only if the court gives the defendant a period of time in which to pay the obligation after the financial obligation is imposed.

ENTERED
FEB 15 2006
REGISTER BY TG

The payment schedule fee is imposed on all violation cases which have an outstanding receivable balance of 30 days from the entry of judgment. State Court Administrator guidelines specify that the payment schedule fees be imposed according to the following schedule: \$25.00 will be added to any receivable balance that is \$249.99 or less; \$50.00 will be added to any receivable balance over \$250.00.

In order to avoid the additional Payment Schedule Fee the Court must receive your payment in full within 30 days of your sentence date.

COLLECTIONS REFERRAL FEE

Chapter 823 Oregon Laws 2001, Section 20(2) provides:

All circuit courts . . . that use the Department of Revenue or private collection agencies shall add a fee to any judgment referred for collection that includes a monetary obligation that the state court . . . is charged with collecting. The fee shall be added to cover the costs of collection charged by the Department of Revenue or private collection agency and shall be added to the monetary obligation without further notice to the debtor or further order of the court.

The collections referral fee is imposed at the time the monetary obligation is referred for collection. The fee amount is calculated as a percentage of the receivable balance.

FILED
FEB 15 2006

LICENSE SANCTION FEE

Chapter 823 Oregon Laws 2001, Section 26 provides:

A court shall add a \$15 fee to the judgment in any case in which the court gives notice to the Department of Transportation of the suspension or restriction of a defendant's driving privileges.

CIRCUIT COURT
MULTNOMAH COUNTY, OREGON

The license suspension assessment is imposed at the time the notice is sent to the Department of Motor Vehicles.

Mail payments to Circuit Court, P.O. Box 114, Portland, OR 97207
Make checks payable to Circuit Court

* I am providing my Social Security Number on a voluntary basis. I understand that I cannot be compelled to provide it. It may be used to verify my identification, credit and employment information, used for collection purposes, or for any court-imposed monetary obligation I owe.