

FINE / SANCTION SCHEDULE

Listed below are VIOLATION CODES (Not Complaint Numbers) with the fine amounts as shown. Mandatory State surcharges are already included. An Asterisk (*) means the code violation is eligible for the Defensive Driving Program.

STATUTE	TOTAL FINE
<u>Registration Violations</u>	
28-2153 - 28-6060E75.00	
28-5437	215.00
28-2532	550.00
<u>Driver License Violations</u>	
28-3151A - 28-3475	50.00
28-3478-1,2,&3	550.00
28-3473A	550.00
28-3473B	550.00
28-3473C	550.00
<u>Accident Violations</u>	
28-661A1 - 665A2	215.00
28-666	215.00
<u>Required Stop</u>	
* 28-645A1A - 651	75.00
* 28-851A - 858	75.00
<u>Yield, Right-of-way, Passing & Lane violations</u>	
* 28-721A - 776B	75.00
* 28-857.A1	130.00
* 28-644A (Trucks)	260.00
28-901A1, A2, B	75.00
<u>Parking, Stopping, Standing Violations</u>	
28-871A	45.00
28-884A	95.00
<u>Pedestrian Duties Violations</u>	
28-792 - 796C	75.00
* 28-797E & G	185.00
<u>Equipment & Lighting Violations</u>	
28-952A1 - 984A2	50.00
28-909A1, 2, & B Seat Belts	23.00
28-907A Child Restraint	95.00
<u>Speed Violations</u>	
* 28-704A & C	75.00
* 28-701A	
10 MPH Over	90.00
11 MPH Over	100.00
12 MPH Over	105.00
13 MPH Over	110.00
14 MPH Over	115.00
15 MPH Over	120.00
16 MPH Over	125.00
17 MPH Over	130.00
18 MPH Over	135.00
19 MPH Over	140.00
20 MPH Over	145.00
21 MPH Over	150.00
22 MPH Over	155.00
23 MPH Over	160.00
24 MPH Over	165.00
25 MPH Over	240.00

You must appear in Court on the Court date listed on your ticket if you are involved in one of the following:

1. Your violation code does not appear on this fine schedule.
2. Your ticket was for an accident involving death or a serious physical injury.

TO PAY YOUR FINE BY MAIL

1. **MATCH** the violation code on your ticket to one on the Fine/Sanction Schedule. Pay the amount shown to the right of the violation code, under the Total Fine column.
2. **READ AND SIGN** the following statement: I hereby waive my right to trial, enter a plea of guilty/responsible, and consent to judgment imposing the prescribed fine/sanction.
Sign here: _____
3. **FILL IN** all information requested below. Print name, address, and date of birth exactly as they appear on the ticket. List each complaint number and the fine amount for all complaints you are paying. The complaint number can be found in the upper left corner of the ticket.
4. **PAY** the total amount due by money order, or cashier's check. Do not send cash. If payment receipt is required, enclose a stamped, self-addressed envelope.
5. **MAIL** your payment at least 5 working days before the Court date written to the right of your signature on the ticket. If payment is not received by the Court date, you will be required to pay an additional \$20.00 court fee. Failure to pay on time may also result in the issuance of a warrant and/or suspension of your driver's license.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOB _____ Violation Date _____

Complaint Numbers	Amount
_____	_____
_____	_____

Total _____

Make check payable to: **Clarkdale Magistrate Court**
 Mail payment to: **PO Box 308**
Clarkdale, AZ 86324

If you want to attend Defensive Driving School OR you wish to plead not responsible, call the Court at 928-634-1691 for information.

Court Hours:	Mon., Tues., Thur., Fri.:	8:00 - 2:30
	Wednesday:	8:00 - 4:30
	Closed for lunch daily:	12:00 - 1:00