UNIFORM APPEARANCE TICKET

UCS-150
(rev. 12/1/19)

The People of the State of New York
vs.

Date of Birth
____/____/_____

Appearance Ticket # (if assigned): _____

Arrest/Complaint #s (if assigned): _____

DEFENDANT CONTACT INFORMATION

Address on ID:		
Mailing Address: (if different than ID address)		
Cell Phone:	Home Phone:	Email Address:

CHARGES

You have been charged with the following offenses:

Charge Description	Law/Section/Subsection
City/Town/Village of Occurrence	County of Occurrence

COURT DATE

You are hereby directed to appear in the following court to answer the above charge(s):

Court:

Location:

Part/Room:

Date: ____/____/_____

Time: ____:____ AM ☐ PM ☐

If you do not appear to answer the above charges, a warrant may be issued for your arrest, and you may face additional charges that could subject you to a fine, imprisonment or both if you are convicted.
NOTICE: You are advised to consult an attorney as soon as possible regarding this matter.

Arresting Agency:

_____	_____	_____	____/____/_____	____:____ AM ☐ PM ☐
Signature of Issuing Officer	Shield	Command/PCT/TZS	Date	Time