Marysville Municipal Court

1250 West Fifth Street, Marysville, Ohio 43040 Monday – Friday 8:00 A.M. to 4:00 P.M. Phone - (937) 644-9102 – (937) 644-1228 – Fax

Payments can be made at (877) 793-7938,

municourt.co.union.oh.us or by personal check, or money order by mail or in person at the address above.

PAYMENT SCHEDULE FOR OFFENSES NOT REQUIRING A PERSONAL APPEARANCE

Speed – With no prior speed within the past 12 months 01 - 20 mph over posted speed limit \$143.00 21 - 35 mph over posted speed limit \$160.00 36 + mph over the posted speed limit \$210.00 Speed – with one prior speed within the past 12 months 01 - 20 mph over the posted speed limit \$160.00 21 - 35 mph over the posted speed limit \$185.00 36+ mph over limit the posted speed limit \$235.00

A 3rd speed within 12 months requires a personal appearance.

| Seat Belt - Driver | \$96.00 |
|--|-----------|
| Child Restraint | \$120.00 |
| All other minor traffic violations not specified | \$143.00 |
| Texting while driving | \$160.00 |
| Littering from a Vehicle | \$210.00 |
| Reckless Driving | \$210.00 |
| *Distracted Driving Specification add * | +\$100.00 |

Driving under Suspension Call (937) 644-9102 **No O.L.** for amount of fines and costs.

| Disorderly Conduct | \$210.00 |
|--------------------------------------|----------|
| Open Container | \$235.00 |
| Fail to Register/Fail to Control Dog | \$143.00 |

Distracted Driving Specification

Citations that have a distracted driving specification listed in the remarks section of your citation require an additional \$100 fine. The additional \$100 fine will be waived by the court IF you complete the distracted driver safety course and include the certificate of completion WHEN the citation is paid. A certificate of completion will NOT be accepted after payment is made and the additional \$100 fine must be included with your payment. There is no cost to complete the distracted driver course and it can be found at www.drivertraining.ohio.gov.

WAIVER OF TRIAL, GUILTY PLEA (WITH PAYMENT OF FINE AND COSTS)

I waive my right to a trial, and plead guilty to the offense(s) charged and have enclosed payment as stated in the Fine/Cost. I understand that full payment must be received by 4:00 P.M. on the court date stated on the ticket/complaint. I understand that a late fee of \$25 will be added if full payment is not received as stated above. I understand if full payment of the fines/costs and late fee is not timely received my license will be suspended and additional Ohio BMV and Court fees will be assessed.

My signature is my authorization for this Waiver and Guilty Plea and, if applicable, for a credit card/debit card charge on my account detailed below.

| Defendant's Signature | | Print Name |
|-----------------------|------------|------------|
| Ticket/Reference # | Court Date | Phone |
| Total Paid \$ | | |
| Card Number | | |
| CVV Number | Exp. Da | ate |

Payment is due by 4:00PM on the court date.

A \$25.00 late fee will be added if not received on time.

Proof of Insurance

If your citation is marked "NO" to Financial Responsibility (Insurance) Proof Shown, you must show proof that the vehicle driven on the date the citation was insured at the time the ticket was issued. <u>Insurance obtained after the violation will not be accepted and your driver's license suspended by the Ohio BMV.</u>

Rev.: 9/11/2020

REQUEST FOR CONTINUANCE **NOT GUILTY PLEA** The court date for Ticket # Ticket/Reference # Defendant's Name Court Date is currently scheduled for I plead not guilty to the charge in the ticket. I I request a one-week continuance of the hearing or waive my right to have a trial on this/these charge(s) within payment of the fines/costs of my ticket. 30 days (or as allowed by law). I understand that this Not Guilty Plea must be received by the Clerk's Office by 4:00 This Request for Continuance must be received by P.M. on the business day before the court date on the ticket. 4:00 PM the business day prior to my court date; I understand that by completing this form: Only 1 one-week continuance will be granted. • my case will be scheduled for a Bench Trial (in front If payment is not made or you do not come to court at of the Judge) and be required to appear at a later date; the new date and time, a \$25.00 late fee will be added, a • I will not be able to pay the fines/costs without coming warrant could be issued and your driver's license to Court suspended with Ohio BMV. If suspended, additional • If I do not come to court on the scheduled date and BMV, court fees and requirements will be added. time, a warrant for my arrest will be issued and additional costs and fees assessed Defendant's Signature Printed Name Defendant's Signature Print Name

TRAFFIC SAFETY DIVERSION PROGRAM

To avoid a conviction and 'points' on your Ohio BMV Driving Record you have the option of participating in the Court's Traffic Safety Diversion Program. If you choose to participate in the program and you meet the eligibility requirements stated below, you must do <u>all</u> of the following:

- 1) mail or deliver in person the completed Application for Traffic Safety Diversion Program below along with the total amount of the fines and costs for the offense usually \$143.00 by 4:00 PM on your court date; The amount of the fines and costs cannot be paid online or by phone if you plan on participating in the Traffic Safety Diversion Program.
- 2) pay for and complete the online National Safety Council's Defensive Driving Course at Safetyserve.com/Uniontraffic; This is the only course approved by the Court; and,
- 3) deliver by mail or in person the <u>original</u> Certificate of Completion <u>within 30 days of the court date</u> on the ticket. The Certificate of Completion will be mailed from the National Safety Council and should arrive within 7-10 days.

If the <u>original</u> Certificate of Completion is timely received, the traffic case will be dismissed and no record of the case will be submitted to Ohio BMV.

If you do not timely file the <u>original</u> Certificate of Completion, your case(s) will be processed as a waiver of your right to trial and a guilty plea to the offense(s) charged in the ticket and the guilty plea will be reported to Ohio BMV and any applicable points accessed.

If you plan on participating in the Traffic Safety Diversion Program, the amount of the fines and costs, usually \$143.00, CANNOT BE PAID ONLINE OR OVER THE PHONE

APPLICATION FOR TRAFFIC SAFETY DIVERSION PROGRAM The Fines/costs associated with your charge must be paid at the time of submitting this form and cannot be paid online or over the phone

| be paid online of over the phone | | | |
|---|--|--|--|
| Under the penalties of perjury and falsification I state | | | |
| that I can answer yes to ALL of the following: | | | |
| I did not make payment for fines/costs online or by | | | |
| <u>phone</u> | | | |
| ☐ I do not hold a commercial driver's license (CDL) | | | |
| ☐ I have not had any moving violations within 365 days | | | |
| of the date of this application; | | | |
| I have not participated in the Traffic Safety Diversion | | | |
| | | | |
| Program within two years of the date of this application; | | | |
| the vehicle that I was driving on the date and time of the | | | |
| offense(s) was covered by the required insurance; and | | | |
| \square I was not travelling over 20 miles above the posted | | | |
| speed limit. | | | |
| If paying with a credit/debit card, I state that my | | | |
| signature is my authorization for a credit/debit card charge | | | |
| on my account as detailed below. | | | |
| on my account as actanea octow. | | | |
| · | | | |
| Defendant' Signature Print Name | | | |
| | | | |
| Ticket/Reference # Court Date Phone | | | |
| Total Paid: \$ (Include any late fee if | | | |
| applicable) | | | |
| | | | |
| Card Number | | | |

Exp.Date