

**INSTRUCTIONS FOR PAYMENT BY CREDIT CARD**

Complete the following information and mail this form to the Central Violations Bureau (CVB). Only Visa, MasterCard, Discover, and American Express will be accepted. To pay by credit card over the phone call CVB at 800-827-2982.

Payment by:  Visa  MasterCard  Discover  
 American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

CVB Location Code: \_\_\_\_\_

Violation Number: \_\_\_\_\_

Print Name of Defendant: \_\_\_\_\_

Cardholder's Telephone: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Privacy Act Disclosure Statement**

urnishing your social security number (SSN) on this notice is mandatory under the Debt Collection Improvement Act of 1996, 31 U.S.C. § 7701(c). Your SSN may be used to facilitate collection of forfeited collateral or any adjudicated fines and penalties, and may be disclosed to the U.S. Department of Justice and the Internal Revenue Service for this purpose. Your SSN may also be disclosed to other federal, state, or local law enforcement agencies in connection with other possible violations of law.

**United States District Court  
Violation Notice**

CVB Location Code

CA-17

Violation Number <b>1529850</b>	Officer Name (Print) <b>Hamilton</b>	Officer No. <b>24</b>
------------------------------------	---	--------------------------

**YOU ARE CHARGED WITH THE FOLLOWING VIOLATION**

Date and Time of Offense (mm/dd/yyyy) <b>20110414 1700</b>	Offense Charged <input type="checkbox"/> CFR <input checked="" type="checkbox"/> USC <input type="checkbox"/> State Code <b>18 USC 930</b>
---	---

Place of Offense  
**Bldg P-106, SIAD**

Offense Description  
**Carrying a dangerous weapon in a Federal Installation.**

**DEFENDANT INFORMATION**

Last Name <b>Singh</b>	First Name [REDACTED]	M.I. [REDACTED]
---------------------------	--------------------------	--------------------



A  IF BOX A IS CHECKED, YOU MUST APPEAR IN COURT. SEE INSTRUCTIONS (on back of yellow copy).  
 B  IF BOX B IS CHECKED, YOU MUST PAY AMOUNT INDICATED BELOW OR APPEAR IN COURT. SEE INSTRUCTIONS (on back of yellow copy).

\$ \_\_\_\_\_ Forfeiture Amount  
 + \$25 Processing Fee

**PAY THIS AMOUNT →**

\$ \_\_\_\_\_ Total Collateral Due

**YOUR COURT DATE**

(If no court appearance date is shown, you will be notified of your appearance date by mail.)

Court Address <b>Craig M. Kellison U.S. Magistrate Court Sierra Army Depot Herlong, Ca 96113</b>	Date (mm/dd/yyyy) _____ Time (hh:mm) _____
---	---

My signature signifies that I have received a copy of this violation notice. It is not an admission of guilt. I promise to appear for the hearing at the time and place instructed or pay the total collateral due.

X Defendant Signature \_\_\_\_\_

(Rev. 03/2006)

Defendant Copy For Your Records (Yellow)