

# ADDITIONAL WITNESS INFORMATION - PERSONAL SERVICE CITATION

## CHICAGO POLICE DEPARTMENT

NAME OF WITNESS				HOME PHONE (       )       -	
<input type="checkbox"/> Witness Issued Citation	<input type="checkbox"/> Involved in Crash	<input type="checkbox"/> Witnessed Crash	<input type="checkbox"/> Complaining Witness	<input type="checkbox"/> Witnessed Alleged Violation	
WITNESS CITATION NUMBER	<input type="checkbox"/> Court Diversion Program	COURT DATE	COURTROOM	COURT TIME	
ADDRESS OF WITNESS			CITY	STATE	ZIP CODE
EMPLOYER NAME				EMPLOYER TELEPHONE NUMBER (       )       -	
EMPLOYER ADDRESS			CITY	STATE	ZIP CODE
NAME OF DEFENDANT				RD NUMBER	
DEFENDANT CITATION NUMBER	<input type="checkbox"/> Court Diversion Program	COURT DATE	COURTROOM	COURT TIME	
ADDITIONAL INFORMATION					
NAME OF OFFICER				STAR NUMBER	UNIT OF ASSIGNMENT
<b>CPD-22.114 (2/03)</b>		Officer - Attach to Citation		Citation Clerk - Forward to Traffic Court/Records Unit #148	