

OFFICIAL SUMMONS AND ARREST REPORT
STATE of SOUTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

| | | |
|--------------|-------------|------------|
| FIRST NAME | MIDDLE NAME | LAST NAME |
| STREET & NO. | | CITY STATE |

YOU ARE SUMMONED TO APPEAR BEFORE TRIAL OFFICER

| | | |
|-----------------------|----------------|-------------|
| NAME OF TRIAL OFFICER | STREET AND NO. | CITY |
| DATE OF TRIAL | TIME OF TRIAL | STATUTE NO. |
| | AM PM | |

NATURE OF OFFENSE

| | |
|-----------------|--------------------|
| DATE OF OFFENSE | DATE OF ARREST |
| | |
| NAME OF AGENT | NO. TIME OF ARREST |
| | AM PM |

PLACE OF ARREST

DESCRIPTION OF ACCUSED

| | | | | | | |
|--------------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|------|
| RACE | SEX | D.O.B. | HT. | WT. | HAIR | EYES |
| CASE BEFORE | | | | | | |
| COUNTY COURT | <input type="checkbox"/> | MAGISTRATE | <input type="checkbox"/> | FAMILY COURT | <input type="checkbox"/> | |
| DC COURT | <input type="checkbox"/> | RECORDER | <input type="checkbox"/> | ADMIN. CHARGE | <input type="checkbox"/> | |
| DISPOSITION | | | | | | |
| GUILTY | <input type="checkbox"/> | NOT GUILTY | <input type="checkbox"/> | FORFEITED BOND | <input type="checkbox"/> | |
| TRIED IN ABSENCE | <input type="checkbox"/> | NOLLE PROSSO | <input type="checkbox"/> | SENT TO HIGHER CT. | <input type="checkbox"/> | |

SEAL OF COURT
NOT OFFICIAL
DOCUMENT
 PRESENT THIS SUMMONS TO TRIAL OFFICER SHOWN ABOVE

TRIAL OFFICER'S COPY

ABC - **444-444**