

Electronically Generated Uniform Citation Waiver Request

Agency Name: _____

Request Submitted By: _____

Contact Information:

Name

Street Address/P.O. Box

Phone

City/State/ZIP Code

Email Address

This agency, _____, is hereby requesting a waiver to the requirement for the use of electronically generated Uniform Citation and Complaint form pursuant to [Neb. Ct. R. § 6-1463\(A\)\(2\)](#). The reason for this request is:

Agency issues less than 500 citations annually.

Please provide the number of citations issued annually for the last 3 years:

Year: Number of citations issued:

_____ _____
_____ _____
_____ _____

Equipment or access issues do not allow for the use of the electronically generated Uniform Citation and Complaint form.

Explanation:

Anticipated compliance date: _____

Other:

You may submit this request by completing the form and then using the “submit” button below, or by printing and mailing the completed form to Administrative Office of the Courts, Attention: Sheryl Connolly, P.O. Box 98910, Lincoln, NE, 68509.

Do Not Write Below This Line – For Administrative Use ONLY

Date Received: _____

Approved.

This request has been approved for ____ years, or until _____. Your agency will be required to submit a new application with all relevant information before _____.

Denied.

Reason for denial: _____

Date: _____ Signed: _____

State Court Administrator