GENERAL SESSIONS COURT OF COUNTY,

TENNESSEE

STATE OF TENNESSEE

vs.

Defendant

State Control # _____

Case #_____

INFORMATION ABOUT THE DEFENDANT

Name:		
Address:		
DOB:	Sex:	
Race:	Ht.:	
Wt.: Hair:	Eyes:	
Phone:	DL#:	
Place of Employment:		
May be Found at:		
Other:		

WITNESSES

Summon as witnesses on the part of the State:

Summon as witnesses on the part of the Defendant:

CRIMINAL SUMMONS

TO THE DEFENDANT

() Based on the affidavit of complaint filed in this case, there is probable cause to believe that you have committed the offense(s) of violation(s) of T.C.A. § ______

() _____

Judge/Clerk/Judicial Commissioner

YOU ARE HEREBY SUMMONED TO APPEAR

() In the booking room at _____

(address of booking office) Within ten (10) calendar days from date of service of this summons.

() To appear before the General Sessions Court of _____ County, Tennessee in

to answer charges on _____

at _____ a.m./p.m.

NOTICE: YOU ARE CHARGED WITH A STATE CRIMINAL OFFENSE. THIS SUMMONS HAS BEEN ISSUED IN LIEU OF AN ARREST WARRANT. YOUR FAILURE TO APPEAR IN COURT ON THE DAY AND TIME ASSIGNED BY THIS SUMMONS OR THE FAILURE TO APPEAR FOR BOOKING AND PROCESSING WILL RESULT IN YOUR ARREST FOR SEPARATE CRIMINAL OFFENSE PUNISHABLE AS PROVIDED IN T.C.A. §39-16-609 REGARDLESS OF THE DISPOSITION OF THE CHARGE FOR WHICH YOU WERE ORIGINALLY SUMMONED. YOU ARE ENCOURAGED TO CONSULT WITH AN ATTORNEY ABOUT THIS SUMMONS. THE SIGNING AND ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT OF THE CRIMINAL OFFENSE.

OFFICER'S RETURN

() Summons served by delivering a copy to defendant today or on _____

Officer's Signature:

()

Date

Officer's Name (Printed):

Officer's Agency (Printed):

Date: _____

Defendant Date The summons must be executed in triplicate and must include a copy of the affidavit of complaint.

Legal Authority: T. C. A. § 40-6-215; TRCRP 4