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TEXAS CIGARETTE / TOBACCO FINAL PROCEEDING REPORT

INSTRUCTIONS:

- Report all final proceedings in each month by the 10th of the following month.
- Use one form for each proceeding.
- This form may be photocopied, if needed.
- If you have questions concerning this form, please call 1-800-388-2883.
- Return form(s) to: **COMPTROLLER OF PUBLIC ACCOUNTS**
 Attn: SB55, Account Maintenance Division
 111 E. 17th Street
 Austin, Tx 78774-0100

I. DEFENDANT *(Per Chapter 58 of the Family Code, please do not report personal information on minors.)*

First name	Middle initial	Last name
Address		City
		State
		ZIP code

II. TOBACCO PERMIT HOLDER *(Information can be found on tobacco permits posted in business.)*

Retail location name	Tobacco permit number
Address	
City	
State	
ZIP code	

III. VIOLATION INFORMATION

Date of violation	Citation number	Issuing agency
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IV. VIOLATION TYPE *(Please check appropriate box.)*

HSC 161.082 Tobacco Products Sale to a Minor
 HSC 161.084 Failure to Display Proper Tobacco Warning Sign
 HSC 161.085 Failure to Notify Employee of Tobacco Laws
 HSC 161.086(a)(1) Minor's Access to Tobacco Products
 HSC 161.086(a)(2) Minor's Access to Tobacco Vending Machines
 HSC 161.087 Distribution of Tobacco Products to Minors
 HSC 161.122 Prohibition Related to Certain Signs - 1,000 feet from Church or School
 HSC 161.252 Possession, Purchase, Consumption, or Receipt of Cigarettes or Tobacco Products by Minors Prohibited


V. COURT INFORMATION

Court name	Phone <i>(Area code and number)</i>
Address	
City	
State	
ZIP code	
<input type="checkbox"/> Justice Court <input type="checkbox"/> Municipal Court	

VI. OUTCOME OF CASE *(Please check ALL boxes that apply.)*

Fine amount	Court costs	Date of conviction or other disposition
<input type="checkbox"/> No Contest/Nolo Contendre <input type="checkbox"/> Guilty <input type="checkbox"/> Deferred Adjudication	<input type="checkbox"/> Probation <input type="checkbox"/> Dismissed <input type="checkbox"/> Community Service	<input type="checkbox"/> Tobacco Awareness Classes <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Driver's License Suspended

VII. PERSON COMPLETING FORM

Title	Print name	Phone <i>(Area code and number)</i>
Reporting agency		Address
		Date