



Texas Cigarette / E-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 800-862-2260.
- Return form(s) to:
 - COMPTROLLER OF PUBLIC ACCOUNTS
 - Attn: 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. Permit Holder *(Information can be found on tobacco and sales and use tax permits posted in business.)*

Retail location name	Tobacco permit number	Sales and use tax 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 Cigarettes, E-Cigarettes or Tobacco Products Sale to a Minor
 HSC 161.084 Failure to Display Proper Cigarette, E-Cigarette and Tobacco Warning Sign
 HSC 161.085 Failure to Notify Employee of Cigarette, E-Cigarette and Tobacco Laws
 HSC 161.086(a)(1) Minor's Access to Cigarettes, E-Cigarettes or Tobacco Products
 HSC 161.086(a)(2) Minor's Access to Cigarette, E-Cigarette or Tobacco Vending Machines
 HSC 161.087 Distribution of Cigarettes, E-Cigarettes or Tobacco Products to Minors
 HSC 161.122 Prohibition Related to Certain Tobacco Signs - 1,000 feet from Church or School
 HSC 161.252 Possession, Purchase, Consumption, or Receipt of Cigarettes, E-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 Contendere <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