

LEGAL NOTICE NO. 395

REPUBLIC OF TRINIDAD AND TOBAGO

THE DANGEROUS DRUGS ACT, CHAP. 11:25

REGULATIONS

MADE BY THE MINISTER OF HEALTH UNDER SECTION 57(1) OF THE DANGEROUS DRUGS ACT

THE DANGEROUS DRUGS (FIXED PENALTY NOTICE) REGULATIONS, 2019

1. These Regulations may be cited as the Dangerous Drugs (Fixed Citation Penalty Notice) Regulations, 2019.

2. A fixed penalty notice issued under section 5B of the Act shall be Fixed penalty notice in the form set out in the Schedule.

SCHEDULE

(Regulation 2)

THE DANGEROUS DRUGS ACT, CHAP. 11:25 SECTION 5B

NOTICE OF OPPORTUNITY TO PAY FIXED PENALTY

PART I

TAKE NOTICE THAT I, ..... have reason to believe that on the ..... day of ..... 20 ..... the offence, particulars of which are given below was being or had been committed.

..... Number, Rank and Name of Constable

The fixed penalty for the offence is .....

(Penalty in words and figures)

If this amount is paid or remitted to the Magistracy Registrar and Clerk of the Court at the Magistrate's Court at .....

(Insert address of Magistracy Registrar and Clerk of the Court)

within fourteen (14) days from the date of this notice no proceedings will be taken and liability to conviction of the offence will be discharged.

If you fail to pay the fixed penalty before the end of fourteen (14) days from the above date, you are hereby required to attend the Magistrate's Court on the □□□. day of □□□□□□□□, 20.□□ at 9.00 o'clock in the forenoon at the undermentioned address as the defendant in the matter, in respect of which this notice was issued.

.....  
*(State name and address of Court)*

This notice was given at .....  
*(State location)*

.....  
on ..... 20 ..... at ..... a.m./p.m.  
*(State date) (State time)*

**PARTICULARS OF OFFENCE**

At ..... a.m./p.m. on the ..... day of ..... 20 .....  
at .....  
..... you .....

.....  
.....  
.....  
.....  
contrary to .....  
*(State provision contravened)*

.....  
*Number, Rank and Name of Constable*

PART II

**To the Magistracy Registrar and Clerk of the Court**

.....  
(Insert address)  
.....

I enclose the sum of ..... as  
payment of the fixed penalty for the offence mentioned in Part I of this Notice.

Name

.....  
*(in block capitals)*

Address

.....  
*(in block capitals)*

.....  
*Signature of Person served with Notice*

**CONDITIONS OF PAYMENT OF FIXED PENALTY**

**In paying the fixed penalty the following conditions shall be observed:**

- (1) The fixed penalty shall be accompanied by this notice, and payment must be of the exact amount shown on the notice.
- (2) A Magistracy Registrar and Clerk of the Court will not accept a fixed penalty required to be paid to another Magistracy Registrar and Clerk of the Court.
- (3) Where payment of the fixed penalty is made otherwise than in conformity with the Dangerous Drugs Act, Chap. 11:25, the Magistracy Registrar and Clerk of the Court shall as soon as practicable after payment return the amount paid to the sender, and proceedings in respect of the alleged offence shall continue.
- (4) Payment may be made by cash, certified cheque, banker's draft, money order, or electronically in accordance with the Electronic Payments into and out of Court Act, 2018 (Act. No. 14 of 2018).

Dated this 20th day of December, 2019.

**T. DEYALSINGH**  
*Minister of Health*