

IN THE COUNTY COURT IN AND FOR WAKULLA COUNTY, FL

STATE OF FLORIDA

Citation Number \_\_\_\_\_

VS

Case Number \_\_\_\_\_

Charge \_\_\_\_\_

\_\_\_\_\_

REQUEST FOR CIVIL TRAFFIC HEARING

You have requested a Civil Traffic Infraction Hearing. It may be necessary to contact you in reference to your case. Please provide the following information:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Failure to provide the correct information may result in our inability to contact you in the event of a continuance of your case. Florida law requires any licensed driver to notify the Department of Highway Safety and Motor Vehicles within ten (10) days of any change of mailing or street address.

By signing this form you are requesting a traffic hearing, thereby waiving your right to pay the fine or attend driving school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BRENT X. THURMOND  
CLERK OF COURT

\_\_\_\_\_  
DEPUTY CLERK

This completed form and a clerk's preparation fee of \$28.00 must be brought in to our office by the defendant for filing for a civil traffic hearing.

IN THE COUNTY COURT OF WAKULLA COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO: \_\_\_\_\_

VS.

\_\_\_\_\_  
Defendant

WRITTEN NOT GUILTY PLEA

The above named defendant hereby enters a plea of not guilty and asks the Court to set this case for HEARING on the next available docket, reserving all rights to file Motions and request a trial by jury. Filing of this plea does not prevent the defendant from changing his/her not guilty plea to guilty or no contest at a future date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Deputy Clerk

IN THE CIRCUIT COURT, SECOND JUDICIAL CIRCUIT, WAKULLA COUNTY, FLORIDA  
 IN THE COUNTY COURT, WAKULLA COUNTY, FLORIDA

<input type="checkbox"/> TRAFFIC	NOTICE OF HEARING	CASE NUMBER								
PLAINTIFF STATE OF FLORIDA	DEFENDANT									
Vs	<table style="width:100%; border:none;"> <tr> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> <td style="border:none;">_____</td> </tr> <tr> <td style="border:none; text-align:center;">First</td> <td style="border:none; text-align:center;">Middle</td> <td style="border:none; text-align:center;">Last</td> <td style="border:none; text-align:center;">Suffix</td> </tr> </table>	_____	_____	_____	_____	First	Middle	Last	Suffix	
_____	_____	_____	_____							
First	Middle	Last	Suffix							
	Participant ID									

You are hereby advised that:  
Pursuant to Florida Statute, any person electing to appear before the designated official shall be deemed To have waived his right to:

1. Pay the civil penalty.
2. Attend driver improvement school, pay a reduced fee.

Upon finding of guilt, the official may:

1. Impose a civil penalty not to exceed \$500.00 and points may be assessed.
2. Require attendance at a driver improvement school.
3. Impose a penalty and attendance at a driver improvement school.

In order to cancel your requested hearing, you must:

1. Have your request in the Clerk's Office at least 7 business days prior to your scheduled hearing.
2. Pay the original civil penalty plus an additional 10% at the time of the requested cancellation.

In order to change the date of your requested hearing, you must:

1. Have your request in the Clerk's Office at least 7 business days prior to your scheduled hearing.

Citation No. _____	Offense _____	Offense Date _____
Citation No. _____	Offense _____	Offense Date _____
Hearing Date _____	Time _____ AM	Location Wakulla Co. Courthouse

I understand that by signing below, I am required to be present as indicated above. If I fail to appear, my driver's license may be suspended and additional penalties may be assessed.

I hereby certify that my address shown below is correct and that I will advise the Clerk's Office, in writing, of any change of address of telephone number within 24 hours of such change.

I acknowledge that the Clerk has advised me of all my options pursuant to Chapter 318.14, F.S.

If this case involved an accident and you or anyone else was injured, please initial. \_\_\_\_\_

I have read and understand all information contained on this form.

Signature	Daytime Phone
Address	Home Phone

City, State, Zip	DATE
CLERK OF COURT	DC
Deputy Clerk	By

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration at 850-926-0330, within 2 working days of your receipt of this notice. If you are hearing or voice impaired, call 1-800-955-8770 or 1-800-955-8771.