

IN THE COUNTY COURT, POLK COUNTY, FLORIDA

STATE OF FLORIDA

Citation No: _____

Vs.

Charge: _____

Division: Traffic/Hearing Officer

Date of Offense: _____

Defendant

WRITTEN PLEA OF NOT GUILTY AND REQUEST FOR TRIAL

I HEREBY DENY THIS CIVIL INFRACTION and request a hearing before a hearing official.

I UNDERSTAND that by requesting this hearing I give up my right to pay the statutory civil penalty. The hearing official may impose a penalty of a fine up to **\$500.00** plus Court Costs, which may be **DUE IMMEDIATELY**, require my attendance at an approved Driver Improvement School, and may revoke my driving privilege.

I UNDERSTAND that a not guilty plea forfeits any right that I may have to elect attendance at a defensive driving course to prevent receiving points against my driver's record and that if found guilty, I will be assessed points.

I UNDERSTAND AND CERTIFY that **NO FATALITY OR SERIOUS BODILY INJURY** resulted from an accident involved with this citation.

I UNDERSTAND AND CERTIFY that no criminal traffic charges were issued with this citation.

I UNDERSTAND that in order to cancel this hearing I must pay the fine and a fee for each subpoena issued at least 24 hours prior to the hearing if I pay in person and 3 days prior if paid by mail.

I UNDERSTAND that my hearing will only be rescheduled for good cause and any request for rescheduling must be received 10 days prior to the hearing.

I UNDERSTAND that my right to have a speedy trial is waived if for any reason a delay in this hearing is at my request.

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Defendant: _____

I UNDERSTAND that if I fail to attend the Court date assigned, in addition to statutory civil penalty and/or costs, my driving privilege may be suspended until such time as my case is satisfied. Late fees may also be assessed.

I UNDERSTAND that if there are any witnesses which I would like to have subpoenaed for my hearing that I must provide their names and addresses to the Clerk's Office, P.O. Box 9000, Drawer CC-10, Bartow, FL 33831-9000, at least 10 days prior to the hearing date. I must pay all applicable fees.

I HEREBY CERTIFY my address below is correct, and I will advise the Court in writing of any change in my address within 3 days.

You will be notified via mail of your trial date.

Defendant's Signature

Date Signed

Address (Please Print)

Phone (Include Area Code)

Deputy Clerk/Notary Public

In accordance with the American with Disabilities Act, 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 provision of certain assistance. Please contact the Court Administrator, 255 N Broadway, Bartow, Florida 33830, Phone (863) 534-4690, within 2 working days of your receipt of this notice: if hearing impaired or voice impaired, (TDD) Phone (863) 534-7777.