

PAYMENT FORM

Complete this form when making a payment in order to satisfy your citation(s).

- Mail the yellow citation or a copy with this form to:
CLERK OF COUNTY COURTS, TRAFFIC COURTS DIVISION
P.O. BOX 19321
MIAMI, FL 33101-9321

- You may pay by check or money order. Please make check or money order payable to
CLERK OF COURTS. Do not send cash.
- To avoid late fees and the suspension of your driver's license your payment must be received in
this office WITHIN 30 DAYS of the issue date of the citation.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

STREET ADDRESS	APT. #
----------------	--------

CITY	STATE	ZIP CODE
------	-------	----------

()	
AREA CODE	TELEPHONE NUMBER

CITATION NUMBER		AMOUNT PAID
_____	\$	_____
_____		_____
_____		_____
_____		_____
	TOTAL \$	_____