

**IN THE COUNTY COURT FOR PASCO COUNTY, FLORIDA**

STATE OF FLORIDA  
vs

CITATION NUMBER:

VIOLATION:

**PLEA OF NOT GUILTY AND REQUEST FOR HEARING**

I, the above named Defendant, acknowledge service upon me of a citation charging me with the above stated traffic infraction, and desire to enter my plea of NOT GUILTY and request a hearing by the Court. **I certify that there were no injuries as a result of an accident and consent to a hearing before a traffic infraction hearing officer.** I understand that I have the following rights:

- 1. Right to a Public Hearing by an Official.**
- 2. Right to have case assigned to a county judge if the written request is received within 30 days of the issuance of the uniform traffic citation.**  
 I am requesting the case be heard by a county judge.  
 I consent to a hearing before a hearing officer.
- 3. Right to be represented by an attorney of my choosing at my own expense.**
- 4. Right to have witnesses subpoenaed to testify in my behalf at my own expense.**

I understand that if it is determined that I have committed a traffic infraction, the Court/Hearing Officer may impose a civil penalty not to exceed \$500.00, except that in cases involving unlawful speed in a school zone or construction zone, or involving a death, the civil penalty may not exceed \$1000.00; or require attendance at a driver-improvement school, or both.

I understand names and addresses of witnesses, if any, shall be turned into the Clerk & Comptroller's Office as soon as possible.

I CERTIFY that my address below is true and correct, and will advise the Court in writing of any change of said address within three (3) working days of such change.

**You will be notified, by mail, of your hearing date and time.**

\_\_\_\_\_  
**SIGNATURE OF DEFENDANT**

\_\_\_\_\_  
**STREET # AND ADDRESS**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**

\_\_\_\_\_  
**TELEPHONE #**

\_\_\_\_\_  
**ATTORNEY NAME (IF APPLICABLE)**

\_\_\_\_\_  
**ATTORNEY ADDRESS**

\_\_\_\_\_  
**DATE:**

**PLEASE RETURN THIS FORM TO ONE OF THE FOLLOWING ADDRESSES:**

**TRAFFIC VIOLATIONS BUREAU  
P.O. BOX 338  
NEW PORT RICHEY, FL 34656-0338  
727-847-8195**

**TRAFFIC VIOLATIONS BUREAU  
38053 LIVE OAK AVENUE  
DADE CITY, FL 33523  
352-521-4430**