

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.