IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA PARKING VIOLATIONS BUREAU

PHONE: (305) 275-1133

MOTION FOR RELIEF

Name of Vehicle Owner/Defendant			Parking Citation Number	
Address			Tag Number	State
City	State	Zip Code	_	
Phone Number (include area code)			_	
I,				, am the
_	affidavi	t by the registe	noted citation has been issued agains ared owner as having care, custody are of the violation.	
I hereby request from the Court the fo	ollowing	relief:		
☐ Waiving of late fees	□ Pay	ment plan	☐ Dismissal ☐ Other	
and state that the reason(s) for this requ	ıest is/ar	e:		
I have attached the following to sup I declare that I have read the above st		(i.e.: p	hotos, written statement from munic	pality, etc.)
I understand that the failur	e to			
post a bond may result in an impou of my vehicle or license plate.	ndment		☐ IDENTIFICATION By Clerk	N VERIFIED
By: Signature of Person Requesting I) -1: -£		On:	
IMPORTANT: You will have to po from failure to account for this parki include deferral of vehicle registration and credit-reporting agency. If this mo	st a bon ng viola issuanc	d in the amoun tion within the e of an impoun	e time prescribed on the citation. Ac dment and immobilization order, and	tions that may result referral to a collection
	Do		Plow this line. Given by: Verified by:	
Judicial comments:				

CLK/CT. 288 Rev. 02/23

Clerk's web address: www.miamidadeclerk.gov