

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

Traffic Division - Request for Trial

THE STATE OF FLORIDA VS.		
_____	_____	_____
Defendant	Driver's License #	State

Case Number(s)

I request that the citation listed above be set for trial. If it is determined that I have committed an infraction, I understand that the Court may impose a civil penalty not to exceed \$500.00 (violations involving a death or speeding in school/construction zones the fine shall not exceed \$1,000.00) or require attendance at traffic school, or both, pursuant to F.S. 318.14(5).

Driver's License Number

Date of Birth

ADDRESS APT.

CITY STATE ZIP CODE

PHONE NUMBER

PLEASE CHECK IF ADDRESS IS DIFFERENT FROM THE ADDRESS ON YOUR CITATION.

I have read and understand the above, and I hereby acknowledge receipt of a copy of this form.

Defendant's Signature

Date

Mailing Instructions

* Please printout, complete form, sign, date and mail to:
Clerk of Courts Traffic Division
P.O. BOX 19321
Miami, Fl. 33101-9321