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 $	_____