

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
()	TELEPHONE NUMBER	
AREA CODE		

CITATION NUMBER

AMOUNT PAID
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL

\$ _____
