

IN THE COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: CASE NUMBER: 05 - - - - XXX-XX
STATE OF FLORIDA CITATION NUMBER:
vs. CLOCK IN

DEFENDANT

Participant ID

NOTICE OF HEARING - TRAFFIC

You are hereby advised that:

Pursuant to Florida Statute, any person electing to appear before the designated official shall be deemed to have waived his right to pay the civil penalty.

Upon finding of guilt, the official may:

1. Impose a civil penalty not to exceed \$500.00 and points may be assessed.
2. Require attendance at a driver improvement school.
3. Impose a penalty and attendance at a driver improvement school

In order to cancel your requested hearing, you must submit your request to the Clerk's Office prior to the scheduled appearance time. You may either:

1. Pay the original civil penalty at the time of the requested cancellation; or
2. Elect to attend the defensive driving course and pay the applicable penalty prior to appearing at a hearing before an official.
3. The payment plan is not an option upon cancellation of the hearing.

In order to change the date of your requested hearing, you must have your request in the Clerk's Office at least five (5) business days prior to your scheduled hearing.

PLEASE NOTE: The Clerk's Office has the authorization to grant one (1) continuance.

If your hearing is scheduled before a Traffic Hearing Officer, video equipment is not available.

Pursuant to Florida Rules of Court 6.460(b), if you want to have your hearing recorded, you must provide the equipment and the tape. After court, you must give the tape to the Court Clerk. The tape will be kept no less than three (3) years and then destroyed.

Citation No. _____ Offense _____

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Hearing Date: _____ Time: _____ Division: _____

Location: _____

I understand that by signing below, I am required to be present as indicated above. If I fail to appear, my driver's license may be suspended and additional penalties may be assessed.

I hereby certify that my address shown below is correct and that I will advise the Clerk's Office, in writing, of any change of address or telephone number within 24 hours of such change.

If this case involved an accident and you or anyone else was injured, please initial. _____

I have read and understand all information contained on this form.

I am requesting that my hearing be set before a County Court Judge.

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Signature

Date

Street Address

City/State/Zip

Daytime Phone

Home Phone

E-Mail Address

Map Attached

WITNESS my hand and Official Seal on the _____ day of _____, 20____, in _____,
Brevard County, Florida.

Deputy Clerk:
Brevard County Clerk of Courts

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES:

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.