

COURT OPTION FORM

Hamilton County Clerk of Court
207 NE First St, Room 106
Jasper, FL 32052

Defendant's Name: _____ Citation Number: _____

I wish to plead not guilty to my traffic citation and request a hearing. I understand that by requesting this hearing I forfeit the right to pay the civil penalty. The judge may impose an increased fine plus court costs, require completion of a driver improvement course; or both. **I also understand that, once I elect this hearing, it is a mandatory court appearance and if I fail to appear on the date provided that a suspension of my license may be issued.**

If I elect a phone hearing - I understand and confirm that the phone number provided is the correct phone number for contact on the date of my hearing. I also understand that the court will attempt to contact me no more than two (2) times during the court hearing and if unsuccessful that a suspension of my license may be issued for non-appearance.

- I will attend the hearing in person.
- I do not reside in Hamilton County and would like to appear by phone.
- I will be hiring an attorney to represent me at the hearing.

Signature of Defendant

Printed Name of Defendant

Current Mailing Address of Defendant

Daytime Phone Number of Defendant

FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, _____ by
_____ who _____ is personally known to me or _____ presented
_____ as identification.

Notary Public

Seal

