

IN THE COUNTY FOR THE THIRD JUDICIAL COURT  
IN AND FOR HAMILTON COUNTY, FLORIDA

STATE OF FLORIDA

CITATION NO. (s) \_\_\_\_\_

Vs.

\_\_\_\_\_

Infraction(s)-Charge(s) \_\_\_\_\_

**PLEA OF NOT GUILTY AND REQUEST FOR HEARING**

I, \_\_\_\_\_ the above defendant, acknowledge service upon me of citation(s) charging me with the above stated infraction(s) and desire to enter my plea of NOT GUILTY, and request a hearing as indicated below.

I understand that I have the following rights:

1. Right to a public hearing
2. Right to be represented by a lawyer of my own choosing at my own cost.
3. Right to have witnesses subpoenaed to testify on my own behalf.

I understand that if it is determined that I have committed a traffic infraction, the Court/Hearing Officer may impose a civil penalty with additional court fees assessed; or require attendance at driver-improvement school, or both.

I understand that names and witnesses, if any, shall be turned into the Clerk and Comptroller's Office as soon as possible at 207 N.E. 1<sup>st</sup> RM 106., Jasper, FL 32052.

I understand that once I elect this hearing, it is a mandatory court appearance; if I fail to appear on the date provided a suspension of my license may be issued.

I understand that all Civil Infraction Hearings are held via video conferencing (ZOOM) appearance only. I shall have access to an electronic device with internet access and audio/video capability.

I CERTIFY, that my address below is true and correct, and will advise the Court in writing of any changes of said address within three (3) business days of such change.

I have retained a copy of this form for my records.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Defendant's Phone Number

\_\_\_\_\_  
Defendant's Current Address (Number, Street, City, State and Zip Code)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known to me or \_\_\_presented \_\_\_\_\_ as identification. Who \_\_\_did or/ did not \_\_\_ take an oath.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

NAME: \_\_\_\_\_

Commission No: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_