

PLEA OF NOT GUILTY AND REQUEST FOR HEARING

Read and complete the information below. (Please Print and Sign at the bottom)

Name: _____ **Phone No:** _____

Address: _____ **Parking Ticket No(s):** _____

City: _____

State: _____ **Zip:** _____

License Plate(s): _____

Mail the completed and signed form to: **CITY OF CLEARWATER**
Citation Processing Center
PO Box 4460
Clearwater, FL 33758-4460

- **Completed forms must be received within 15 calendar days of the ticket issue date.**
- If you have any questions regarding filing this form, **please contact the City of Clearwater Citation Processing Center at: (727) 562-4094.**
- The Pinellas County Clerk of the Court will notify you of the date and time of the hearing.
- Once your court date has been scheduled, any questions regarding your NOT GUILTY plea or the scheduled hearing must be directed to the Pinellas County Clerk of the Court at: (727) 464-7000.

If you have scheduled a court date but choose to pay your ticket before that scheduled date, you must call the Court at (727) 464-7000 to cancel or you will be subject to additional fines.

I, the above named alleged offender, acknowledge receipt of the above stated City of Clearwater, Florida parking ticket(s) and desire to enter my plea of NOT GUILTY and request a hearing in Pinellas County Traffic Court as stated below.

I understand I have the following rights:

1. Right to a public hearing by an official.
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 behalf.

I understand that if I elect to appear at a hearing, I waive my right to pay the civil penalty and I must appear in Court. I understand that if the Official determines that I have committed a violation, the Official may impose a fine on each charge up to \$100.00 with the exception of violations of F.S. 316.1955 or 316.1956 wherein the fine imposed may be up to \$250.00, plus Court costs.

The Pinellas County Clerk of Court does not accept any City of Clearwater parking citation payments.

All fines imposed must be paid immediately or late fees will be added.

I do hereby: (Check all that apply)

_____ Certify that I am the registered owner. _____ Request a hearing by an official.
 _____ Agree to furnish my own lawyer at my own cost. _____ Waive my right to a lawyer.

Lawyer for Alleged Offender (if applicable - please print)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby certify my address above is correct and I will advise the Court in writing of any changes in such address within three (3) days of such change.

Alleged Offender's Signature: _____ **Date:** _____