

IN THE COUNTY COURT IN AND FOR
MARION COUNTY, FLORIDA
TRAFFIC DIVISION

STATE OF FLORIDA
vs.

CASE NUMBER _____

DEFENDANT _____

WRITTEN PLEA OF NOT GUILTY AND REQUEST FOR HEARING

I, the above-name Defendant, hereby acknowledge that I have been charged with a traffic infraction in the County Court of Marion County, Florida, and I wish to enter a plea of NOT GUILTY to the charge. I hereby request that the Marion County Clerk's Office schedule my case for a hearing.

I UNDERSTAND that by making this election I waive my right to pay the civil penalty set by s.318.18, Florida Statutes, or attend a driver improvement course as provided by s. 318.14(9), Florida Statutes.

I UNDERSTAND that if I have been found to have committed this offense, the court may impose a civil penalty not to exceed \$500.00, or require that I attend a driver improvement course, or both. However, if I am charged with any of the following offenses: *speeding in a school zone, speeding in a construction zone, or any violation resulting in death*, the court may impose a civil penalty of \$1,000.00, in addition to any other penalties, or require that I attend a driver improvement course, or both.

I UNDERSTAND that I have the right to a public hearing, the right to be represented by an attorney at my own expense, and the right to have witnesses subpoenaed to testify in my behalf.

I UNDERSTAND that if I am not a resident of Marion County, or if I am unable to appear for the hearing, I may file an Affidavit of Defense in lieu of physically appearing before the court. My sworn statement will be presented to the court at the hearing and I will be notified by mail of the court's ruling.

I UNDERSTAND that I will be notified by mail of my date to appear before the court, unless I choose to file an Affidavit of Defense. I further understand that the hearing cannot be canceled or postponed except by Court Order.

I HEREBY CERTIFY that my address below is true and correct, and that I will notify the clerk's office in writing of any change in said address within three (3) working days of such change.

I ELECT TO APPEAR FOR A HEARING. I HEREBY REQUEST THAT THE CLERK'S OFFICE MAIL THE NOTICE OF SAID HEARING TO ME AT THE ADDRESS BELOW

I ELECT TO FILE AN AFFIDAVIT OF DEFENSE FOR THE ABOVE-STYLED CASE. I HEREBY REQUEST THAT THE CLERK'S OFFICE SUPPLY ME WITH THE FORM SO THAT I MAY FILE MY AFFIDAVIT OF DEFENSE.

DATE

RETURN THIS FORM TO:

Marion County Clerk's Office
Traffic Division
Post Office Box 907
Ocala, FL 34478-907
Phone number 352-671-5599
Fax number 352-671-5598

SIGNATURE OF [] DEFENDANT [] ATTORNEY

MAILING ADDRESS

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER