

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

Traffic Division - Request for Trial

THE STATE OF FLORIDA VS.		
_____	_____	_____
Defendant	Driver's License #	State

Case Number(s)
_____
_____

I request that the citation listed above be set for trial. If it determined that I have committed an infraction, I understand that the Court may impose a civil penalty not to exceed \$500.00 (violations involving a death or speeding in school/construction zones the fine shall not exceed \$1,000.00) or require attendance at traffic school, Or both, pursuant to F.S. 318.14(5).

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
ADDRESS APT.

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

PLEASE CHECK IF ADDRESS IS DIFFERENT FROM THE ADDRESS ON YOUR CITATION.

I have read and understand the above, and I hereby acknowledge receipt of a copy of this form.

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

\_\_\_\_\_  
Date

**AMERICANS WITH DISABILITIES ACT OF 1990**  
If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Miami-Dade County Court's ADA Coordinator at 73 West Flagler Street, Room 1600, Miami, Florida, 33130, telephone numbers (305)-349-7175 for voice, (305)-349-7174 for TDD and (305)-349-7011 or fax, within two (2) working days of your receipt of this document. TDD users may also call 1-(800)-955-8771, for the Florida Relay Service.