



**MIAMI-DADE COUNTY CLERK OF COURTS  
 CODE ENFORCEMENT DIVISION  
 111 NW 1<sup>ST</sup> STREET #1750  
 MIAMI, FL 33128-1981  
 Phone (305)375-2333  
[COCCEAPPEAL@miamidade.gov](mailto:COCCEAPPEAL@miamidade.gov)**

|                                          |               |               |
|------------------------------------------|---------------|---------------|
| Uniform Civil Violation Notice (CVN) #:  | Hearing Date: | Hearing Time: |
| Appellant Name(s):                       | Phone:        | Email:        |
| Appellant Attorney's Name (If Appl.):    | Phone:        | Att's Email:  |
| <b>OR</b> County Representative Name(s): | Phone:        | Email:        |

| EXHIBIT INDEX (LIST)                                                                                                 |           |                           |                 |
|----------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|-----------------|
| <b>APPELLANT (AP), or<br/>           COUNTY DEPT. REP (DR)<br/>           Exhibit(s)<br/>           (SELECT ONE)</b> | File Name | Brief Exhibit Description | Number of Pages |
| <input type="checkbox"/> AP 1 <input type="checkbox"/> DR 1                                                          |           |                           |                 |
| <input type="checkbox"/> AP 2 <input type="checkbox"/> DR 2                                                          |           |                           |                 |
| <input type="checkbox"/> AP 3 <input type="checkbox"/> DR 3                                                          |           |                           |                 |
| <input type="checkbox"/> AP 4 <input type="checkbox"/> DR 4                                                          |           |                           |                 |
| <input type="checkbox"/> AP 5 <input type="checkbox"/> DR 5                                                          |           |                           |                 |
| <input type="checkbox"/> AP 6 <input type="checkbox"/> DR 6                                                          |           |                           |                 |
| <input type="checkbox"/> AP 7 <input type="checkbox"/> DR 7                                                          |           |                           |                 |
| <input type="checkbox"/> AP 8 <input type="checkbox"/> DR 8                                                          |           |                           |                 |
| <input type="checkbox"/> AP 9 <input type="checkbox"/> DR 9                                                          |           |                           |                 |
| <input type="checkbox"/> AP 10 <input type="checkbox"/> DR 10                                                        |           |                           |                 |

**Please use additional pages if necessary**

**IMPORTANT**

**Please label the first page of each exhibit accordingly. See column above labeled, 'APPELLANT (AP) Exhibit(s)'. For example, if you are sending in a picture of your front lawn, label the picture "AP1" and the description can be "Picture of Front Lawn on 8/1/2020". The second picture should be labeled "AP2" and so on. The exhibit sheet and evidence(s) need to be submitted to the Clerks' Office no later than 10 days prior to the hearing; otherwise, it will be not accepted or used for the hearing.**

I attest that this index and all exhibit attachments are being submitted to be available for use in the above referenced Miami-Dade County Code Enforcement Hearing and that, once submitted, everything I have submitted becomes a public record of Miami-Dade County.

\_\_\_\_\_  
**APPELLANT Signature**

\_\_\_\_\_  
**Date**

**OR**

\_\_\_\_\_  
**COUNTY REPRESENTATIVE Signature**

\_\_\_\_\_  
**Date**

**EXHIBIT SUBMISSION INSTRUCTIONS**

To submit electronic exhibits for the Code Enforcement hearing, please email the Clerk's Office at the following email addresses and follow the instructions below.

[COCCEAPPEAL@miamidade.gov](mailto:COCCEAPPEAL@miamidade.gov)

**Emails need to include:**

1. Use the attached form (Exhibit Index)
2. Include the citation number
3. Hearing Date
4. Hearing Time
5. Participant role in the case – Department Representative, Appellant’s name, Attorney’s Name, etc.
6. Upon receipt of the email, the Clerk's Office, Code Enforcement will email back acknowledging receipt.

**Following instructions is imperative to ensure proper exhibit identification and tracking throughout hearing**

**File naming examples:**

**Exhibit # - Brief Description & Exhibit Title – Number of Pages**

**Exhibit Index**

| APPELLANT (AP), or<br>COUNTY DEPT. REP<br>(DR)<br>Exhibit(s)<br><b>(CIRCLE ONE)</b>                                                                                         | File Name | Brief Exhibit Description          | Number of<br>Pages |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|--------------------|
| <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; background-color: #4a7ebb; color: white; margin-right: 10px;">AP1</div> DR1  |           | Photos of my back yard             | 3                  |
| <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; background-color: #4a7ebb; color: white; margin-right: 10px;">AP2</div> DR 2 |           | Copies of Permits # 000123, 000456 | 5                  |

**IMPORTANT**

**The exhibit Index sheet and evidence(s) must be submitted to the Clerk of Courts Code Enforcement Office no later than 10 days prior to the scheduled Appeals hearing, no evidence will be accepted after that date or at the time of the hearing.**