

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA
PARKING VIOLATIONS BUREAU
PHONE: (305) 275-1133

MOTION FOR RELIEF

Name of Vehicle Owner/Defendant

Parking Citation Number

Address

Tag Number

State

City

State

Zip Code

Phone Number (include area code)

I, _____, am the

- registered owner of the vehicle that the above noted citation has been issued against.
- the person named in an affidavit by the registered owner as having care, custody and control of the vehicle with the owner's permission at the time of the violation.

I hereby request from the Court the following relief:

- Waiving of late fees
- Payment plan
- Dismissal
- Other

and state that the reason(s) for this request is/are: _____

I have attached the following to support my case: _____
(i.e.: photos, written statement from municipality, etc.)

I declare that I have read the above statement and the facts stated in it are true.

By: _____
Signature of Person Requesting Relief

On: _____
Date

IMPORTANT: You will have to post a bond in the amount of all penalties due to stay any legal action that may result from failure to account for this parking violation within the time prescribed on the citation. Actions that may result include deferral of vehicle registration, issuance of an impoundment and immobilization order, and referral to a collection and credit-reporting agency. If this motion is denied, the court may order payment of the penalties due from your bond.

Do not write below this line.

Informed to Post Bond **ID Verified** Given by: _____ Verified by: _____

Judicial comments: _____

