

**COUNTY COURT, PINELLAS COUNTY, FLORIDA
TRAFFIC COURT RECORDS**

Citation No.(s) _____

STATE OF FLORIDA
vs.

Infraction(s) - Charge(s) _____

PLEA OF NOT GUILTY AND REQUEST FOR HEARING

I, the above alleged offender, acknowledge service upon me of citation(s) charging me with the above stated infraction(s) and desire to enter my plea of NOT GUILTY, and request a hearing as indicated in the checked space(s) below.

I understand that I have the following rights:

1. Right to a public hearing upon the evidence.
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 plead not guilty I forfeit my right to pay the civil penalty and may be subject to a fine of up to \$500.00 plus costs if I am found guilty. I also understand that a not guilty plea forfeits any right that I may have to elect attendance at a defensive driving course to avoid receiving points against my driver's license and that, if found guilty, I may be assessed points.

I do hereby: *(Check appropriate box or boxes)*

- | | |
|---|---|
| <input type="checkbox"/> Certify that there were no injuries as a result of an accident and consent to a hearing before a traffic infraction hearing officer. | <input type="checkbox"/> Agree to furnish my own lawyer at my cost. |
| <input type="checkbox"/> Certify that injuries did result from an accident and request a hearing before a County Court Judge. | <input type="checkbox"/> Waive my right to a lawyer. |
| | <input type="checkbox"/> Waive my right to a speedy trial. |
| | <input type="checkbox"/> Desire issuance of witness subpoenas. |

I HEREBY, CERTIFY my address below is correct and will advise the Court in writing of any change in such address within three (3) days of such change.

I have retained a copy of this form for my records

Alleged Offender's Signature

Alleged Offender's Phone Number

Alleged Offender's Current Address (Number, Street, City, State, Zip Code)

Attorney for Alleged Offender

Attorney 's Phone Number

Attorney's Address (Number, Street, City, State, Zip Code)

Upon receipt of your plea, the Clerk's Office will notify you of your court date, time and location.

Please attach a copy of your citation(s) to this request.