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

Traffic Division - Request for Trial

	THE STATE OF FLORIDA		
	VS.		Case Number(s)
Defendant	Driver's License #	State	
that I have com civil penalty no school/construct	nitted an infraction, I	understand th Lations involv all not exce	
Driver's License Number		D	Date of Birth
ADDRESS			APT.
CITY	STATE	ZIP CODE	_
PHONE NUMBER			
D PLEASE CHECK IF	F ADDRESS IS DIFFERENT FROM	THE ADDRESS O	N YOUR CITATION.
I have read and understand	l the above, and I hereby acknowledg	e receipt of a copy of	of this form.
Defendant's Signat	cure	Date	
	Mailing Inst	ructions	
	t, complete form, sign, da s Traffic Division	ate and mail t	20:

CLK/CT 894 REV. 10/10

Miami, Fl. 33101-9321