

**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.**