

DATE: _____

CITATION #: _____

CLERK OF THE COURT
TRAFFIC DIVISION
2 COURTHOUSE SQUARE
KISSIMMEE, FL 34741

I HEREBY REQUEST A HEARING ON THE ATTACHED CITATION.

PLEASE CLEARLY PRINT YOUR NAME AND ADDRESS.

NAME: _____ PHONE#: _____

ADDRESS: _____

CITY/STATE & ZIP CODE: _____

**YOU MUST FILL OUT THE ADDRESS PORTION OF THIS FORM.
FAILURE TO DO SO WILL RESULT IN ALL CORRESPONDENCE
BEING SENT TO THE ADDRESS ON THE CITATION.**

****IF MORE THAN 30 DAYS HAS LAPSED SINCE THE ISSUANCE OF YOUR CITATION, YOUR
LICENSE MAY ALREADY BE SUSPENDED. PLEASE ASK THE CLERKS OFFICE FOR
FURTHER ASSISTANCE. ****

A DATE TO APPEAR WILL BE MAILED TO YOU.

Defendant's Signature

YOU MUST SIGN THIS FORM OR YOUR REQUEST WILL NOT BE HONORED.