

### **PLEA OF NOT GUILTY AND REQUEST FOR HEARING**

*Read and complete the information below. (Please Print and Sign at the bottom)*

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Parking Ticket No(s):** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**License Plate(s):** \_\_\_\_\_

Mail the completed and signed form to: **CITY OF CLEARWATER**  
**Citation Processing Center**  
**PO Box 4460**  
**Clearwater, FL 33758-4460**

- **Completed forms must be received within 15 calendar days of the ticket Issue Date.**
- If you have any questions regarding filing this form, **please contact the City of Clearwater Citation Processing Center at: (727) 298-3660.**
- The Pinellas County Clerk of the Court will notify you of the date and time of the hearing.
- **Once your court date has been scheduled, any questions regarding your NOT GUILTY plea or the scheduled hearing must be directed to the Pinellas County Clerk of the Court at: (727) 464-7000.**

**If you have scheduled a court date but choose to pay your ticket before that scheduled date, you must call the Court at (727) 464-7000 to cancel or you will be subject to additional fines.**

**I, the above named alleged offender, acknowledge receipt of the above stated City of Clearwater, Florida parking ticket(s) and desire to enter my plea of NOT GUILTY and request a hearing in Pinellas County Traffic Court as stated below.**

I understand I have the following rights:

1. Right to a public hearing by an official.
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 elect to appear at a hearing, I waive my right to pay the civil penalty and I must appear in Court. I understand that if the Official determines that I have committed a violation, the Official may impose a fine on each charge up to \$100.00 with the exception of violations of F.S. 316.1955 or 316.1956 wherein the fine imposed may be up to \$250.00, plus Court costs.

The Pinellas County Clerk of Court does not accept any City of Clearwater parking citation payments.

**All fines imposed must be paid immediately or late fees will be added.**

I do hereby: (Check all that apply)

\_\_\_\_\_ Certify that I am the registered owner.      \_\_\_\_\_ Request a hearing by an official.  
 \_\_\_\_\_ Agree to furnish my own lawyer at my own cost.      \_\_\_\_\_ Waive my right to a lawyer.

**Lawyer for Alleged Offender (if applicable - please print)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I hereby certify my address above is correct and I will advise the Court in writing of any changes in such address within three (3) days of such change.

**Alleged Offender's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_