

IN THE COUNTY COURT, SEVENTH JUDICIAL CIRCUIT,
IN AND FOR ST. JOHNS COUNTY, FLORIDA

STATE OF FLORIDA

Case No.: _____

v.

Citation No.: _____

PARKING CITATION COURT REQUEST

I, _____, am the defendant. I affirm and understand the options available regarding a parking ticket. I plead "Not Guilty" to the charge and request a court date to contest the ticket.

A court date will be set pursuant to your request, and a notice will be issued. Unless otherwise specified, the notice will be emailed to you at the email address provided. You must appear in court on the date specified. The law enforcement agent who issued the citation will be present. Both of you will be given the opportunity to testify and present evidence. If you are found guilty, the court may impose additional fines and court costs.

DEFENDANT NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME PHONE #: _____

Signature

Date

St Johns County Clerk of Courts
4010 Lewis Speedway
St. Augustine, Florida 32084
Traffic Number: (904)819-3628
Traffic Email: traffic@stjohnsclerk.com