

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

STATE OF FLORIDA

Case # _____

v.

Citation: _____

REQUEST FOR DISMISSAL OF DWLSR

Brief description of why you wish to have this citation dismissed:

Important: Please attach the letter from the Driver's License Bureau and a copy of your valid license.

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