

PARKING CITATION COURT REQUEST

St Johns County Clerk of Court
4010 Lewis Speedway
St Augustine, FL 32084
(904) 819-3628

Case Number: _____
Citation Number: _____
Name: _____

CUSTOMERS – ONLY FILL OUT BELOW THIS LINE

I am the defendant or representative for the defendant on this case. I affirm and understand the options available regarding a parking ticket. It is my choice to select the below option in order to comply with my citation.

COURT APPEARANCE/DENIAL HEARING: By selecting this option you are pleading “Not Guilty” to the charge and requesting a Court date to contest your ticket. You will be given a Court date. 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, fees and court costs.
IF AN AFFIDAVIT OF DEFENSE IS REQUIRED, PLEASE CHECK HERE.

DEFENDANT’S NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE #: _____

Send Court Notice by email address (not by mail): _____

ATTORNEY: _____

(Please attach a Notice of Appearance)

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

Send Court Notice by email address (not by mail): _____

I am the defendant in this case and I affirm that I have read the foregoing, that I understand my options, and that I will comply with the option I have selected.

Signature

Date