

COURT OPTION FORM

St Johns County Clerk of Court
4010 Lewis Speedway
St Augustine, FL 32084

Case Number: _____
Name: _____
Citation Number: _____

I am the defendant or representative for the defendant on this case. I affirm and understand the options available regarding a traffic ticket. It is my choice to select one of the below options in order to comply with my citation. By selecting this option I understand I am waiving my right to all other options, including electing driving school.

You must select one of the following options:

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 a fine against you up to \$500, points, and court costs except in cases of unlawful speed in a school zone, unlawful speed in a construction zone, or involving a death, the civil penalty may not exceed \$1,000, points, and court costs or require the defendant to complete a driver improvement course or both. **IF THIS CITATION IS FOR A CRASH/ACCIDENT RESULTING IN ANY INJURY, PLEASE CHECK HERE.**

WAIVER OF COURT APPEARANCE/ DENIAL HEARING AND REQUEST FOR WITHHOLD OF POINTS: By selecting this option you are pleading “No Contest” to the charge and waiving your right to a hearing. You will not have to come to Court if you select this option. The Clerk’s office will forward your request for a withhold of points to the presiding County Judge, along with your ticket and driving record. The Judge will review your case and make a ruling. If your request is granted, no points will be assessed. However, the Court may impose court costs up to \$500 except in cases of unlawful speed in a school zone, unlawful speed in a construction zone, or involving a death, the civil penalty may not exceed \$1,000 or require the defendant to complete a driver improvement course or both. You will be notified by mail of the Judge’s decision.

DEFENDANT’S NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE #: _____

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

ATTORNEY: _____ FLBAR#: _____

(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