

IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA
PARKING OPERATIONS DEPARTMENT

REQUEST FOR COURT HEARING

REQUEST DATE: _____

CITATION NO.: _____ TAG NO.: _____ STATE: _____

I hereby contest the above numbered parking complaint and request a hearing on the matter.

I HEREBY ACKNOWLEDGE that I, _____, am the

- ☐ registered owner of the vehicle described in the parking complaint,
- ☐ person named in an affidavit by the registered vehicle owner as having the care, custody and control of the vehicle with the owner's permission at the time of the violation (affidavit attached), and that I have appeared on the above date for administrative review of the above referenced parking complaint and have been advised that I may pay the civil penalties due or request a court hearing to contest the violation.

The factual basis for contesting this complaint is as follows:

(use the back of this form if you need more room to write)

I AM AWARE that by requesting a hearing:

- I shall be deemed to have waived my right to pay the civil penalty provisions of the parking ticket, [Florida Statute 316.1967(4)]
- The court hearing will be held via Zoom. The Zoom details will be included in the Notice to Appear sent by mail, unless otherwise specified. Any evidence or proof must be shown during the trial by sharing your screen.
- **If I am found guilty**, the court may impose additional penalties and court costs [Florida Statute 318.14(5), and require payment at the time of the hearing,
- **If I fail to appear**, the official may proceed with the hearing and may impose a penalty as if I had attended the hearing [Rule 6.450(g) F.R.C.], and may result in
 - (with BOND posted) payment of the penalty from any bond posted for my appearance at the hearing,
 - (without BOND posted) the penalty due by the date provided by the notice of my failure to appear.

Notice of the Court Date will be Mailed. You must report any change of your address.

_____ I understand that the failure to post a bond may result in an impoundment of my vehicle or license plate.

☐ IDENTIFICATION VERIFIED

Signature

Print Name

Address Apt #

City State Zip Code

Phone Number

Payment and case information including hearing date are available 24 hours a day/seven days a week on the Clerk of the Court and Comptroller website www.miamidadeclerk.gov or on the automated system by calling 305-275-1133.

Please note: Advise the Parking Operations Department if you receive any notices of payment due for the parking complaint contested above after making this request for hearing.

OFFICE USE:

Branch Office Location: _____ Deputy Clerk's Name: _____ Verified by: _____

Entered in Computer by: _____ Date: _____

Entered in PC by: _____ Date: _____