

**CITY OF ST. PETERSBURG, FLORIDA
PARKING OPERATIONS DIVISION**

Post Office Box 292, St Petersburg FL 33731

Citation number(s): _____ Name (please print): _____

Plea of Not Guilty and Request for Hearing

I, the below named alleged offender, acknowledge receipt of the above stated City of St. Petersburg parking citation(s) and desire to enter my plea of NOT GUILTY and request a hearing in Pinellas County Traffic Court.

I understand that I have the following rights:

1. Right to a public hearing by an Official.
2. Right to be represented by a lawyer of my own choosing at my own cost.
3. Right to have witnesses subpoenaed to testify on my behalf.

I understand that if I elect to appear at a hearing, I waive my right to pay the civil penalty and I must appear in Court. I understand that if the Official determines that I have committed a violation, the Official may impose a fine on each charge up to \$100.00 with the exception of violations of Florida S.S. 316.1955 or 316.1956 wherein the fine imposed may be up to \$250.00 plus Court Costs.

I do hereby: (Check all that apply)

- Certify that I am the registered owner.
 Request hearing by an official.
 Agree to furnish my own lawyer at my cost.
 Waive my right to a lawyer.

I hereby certify that my address below is correct and I will advise the Court in writing of any change in such address within three (3) days of such change.

_____ Alleged Offender's signature	_____ Alleged Offender's phone number
_____ Alleged Offender's address (number, street)	_____ City and Zip Code
_____ Lawyer for Alleged Offender	_____ Lawyer's phone number
_____ Lawyer's address (number, street)	_____ City and Zip Code

You will be notified of date and time of your Pre-trial Hearing by the Office of the Clerk of the Circuit Court of Pinellas County. Any questions regarding your Not Guilty plea or hearing should be directed to the Court at (727) 464-7000.