

IN THE COUNTY COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT, IN BREVARD COUNTY, FLORIDA

REQUEST FOR HEARING

NOTE: ALL TICKETS MUST BE CONTESTED WITHIN TEN (10) CALENDAR DAYS FROM DATE OF TICKET ISSUANCE

DIVISION: TRAFFIC

THE CITY OF COCOA BEACH,

CASE # _____

Plaintiff,

PARKING TICKET # _____

vs.

Defendant.

IN ORDER TO CONTEST YOUR TICKET, PLEASE RESPOND TO THE FOLLOWING REQUEST FOR INFORMATION AND ACKNOWLEDGEMENT OF YOUR RIGHTS AND RESPONSIBILITIES.

INFORMATION

1. Your Full Name and Address (post office box only) is not acceptable:

2. Your Telephone Number: (Work/Mobile) _____

(Home) _____

3. Your Parking Violation Number: _____

4. Your Vehicle Tag Number: _____

5. Your Driver's License Number: _____

6. Your Email Address: _____

RIGHTS AND RESPONSIBILITIES

The registered owner or operator of the vehicle may request a hearing by providing the information requested above and signing this request as indicated on page four.

Parking violation hearings are held before the Brevard County Civil Traffic Infraction Hearing Officer. They are conducted in the same manner as a non-jury trial. The officer who wrote the ticket represents the City of Cocoa Beach at the hearing. The

I have read and understand the foregoing information and affirm that the information provided by me is true and correct to the best of my knowledge.

My signature below confirms my request to contest this parking violation notice before a Hearing Officer in the Brevard County Circuit Court.

By checking this box, I understand and agree that I will receive all future court documents submitted on my case(s) via email at the address(es) I provide.

Signature

Print Name

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me and _____ personally known to me or _____ having produced identification (type of ID) _____ this _____ day of _____, 20____.

SIGNATURE /
NOTARY PUBLIC, STATE OF FLORIDA

(STAMP / SEAL:)

PRINT NAME

**CITY OF COCOA BEACH
PARKING VIOLATIONS
P.O. BOX 322430
COCOA BEACH FL 32932-2430**

rev. 01/17 ejo

NOTES:

Pursuant to Florida Rules of Court 6.460(b), if you want to have your hearing recorded, you must provide the equipment and the tape. After court, you must give the tape to the Court Clerk. The tape will be kept no less than 3 years and then destroyed.

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.