STATE OF FLORIDA
IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR JACKSON COUNTY, FLORIDA

REQUEST FOR HEARING/INTENT TO ENTER PLEA

Name:_____ Citation Number:_____

Email: _____

Phone Number: _____

Driver's License Number:_____ State:_____

Address: _____

☐ I am requesting a hearing and will attend the hearing in person.

☐ I intend to enter a plea and will not be able to attend the hearing in person, but will file an Affidavit of Defense.

_____ _____
Signature Date

- If you check the box to appear in person, a court date will be mailed/emailed to you.
- By electing to appear in person, I understand that I cannot pay my citation until the court date, and that I must appear in person unless I file an Affidavit of Defense.
- By filing the Affidavit of Defense, I understand that this plea takes the place of personally appearing in court.
- If I fail to appear or fail to send in the affidavit, I understand that the judge may elect to conduct the hearing in my absence and that I could be charged up to $500.00 in court costs.

Mail to: Jackson County Clerk of Courts
Traffic Division
P.O. Box 510
Marianna, FL 32447
Or email to: traffic@jacksonclerk.com

For further information, please call 850-482-9699.