

IN THE COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT OF THE STATE OF FLORIDA IN AND
FOR HERNANDO COUNTY
20 N. MAIN ST., ROOM 136 - BROOKSVILLE, FLORIDA 34601
352-540-6388

State of Florida

Case: _____

v.

Citation(s): _____

WRITTEN PLEA OF NOT GUILTY

I, _____, wish to enter a plea of NOT GUILTY to the above citation(s) and request a hearing.

☐ I choose to have my case heard in front of a **Hernando County Court Judge** instead of a hearing officer,

- I understand this plea and hearing request waives my right to elect traffic school.
- I understand the court may impose a fine of up to \$500.00 and/or require me to attend traffic school if I am found guilty after the hearing.
- I understand that payment of fine may be due immediately following the hearing. Payment may be made electronically on HernandoClerk.com
- I understand that at this time my hearing must be conducted VIA ZOOM and my email address must be provided

Citation Issue Date: _____

☐ I waive my right to speedy trial (required if more than 30 days from issue date).

Defendant's Mailing Address: _____

Daytime Phone #: _____ Email: _____

Defendant's Signature: _____

RETURN THIS FORM to the clerk's office at the address above or email to

CriminalCopyRequests@hernandoclerk.org: If you appear in person to drop off the form you must wear a mask in the courthouse.

Court Information (To be completed by Clerk's Office)

Deputy Clerk: _____ Court Date: _____ at _____ am/pm

Copy to Defendant _____ Mailed _____ Emailed Zoom Link _____

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 the ADA Coordinator at the Office of the Trial Court Administrator, Hernando County Courthouse, 20 North Main Street, Brooksville, Florida 34601, Telephone (352) 754-4402, 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 impaired, call 711.