

IN THE COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR OKEECHOBEE COUNTY, FLORIDA

Violator: _____ Case #: _____

Violation Date: _____ Citation #: _____

Request for Court Date and Release Suspension

I, the undersigned, do hereby request a hearing pursuant to Florida statute 318.15. This request is being made after 30 days, but within 180 days of the violation date.

Upon payment of the \$23.00 fee as required pursuant to Florida statute 318.14, my case will be set for a hearing and my driver's license will be eligible for reinstatement. I understand that if my driver's license suspension is already in effect for this citation, I will be required to reinstate my license either with the Clerk's Office (if eligible) or by contacting the Department of Highway Safety and Motor Vehicles.

Violator's Signature

Address

Phone number

Address

Designation of Email Address

Pursuant to Florida Rule of Judicial Administration 2.516, I designate the below e-mail address(es) for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, Clerk of Court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I will file a written notice with the Clerk of Court if my current e-mail address changes.

Primary Email

Secondary Email