



REQUEST FOR ADMINISTRATIVE HEARING

I, _____, am requesting a hearing before a local hearing officer to contest:
(Defendant's Printed Name)

Notice of Violation (NOV) Number: _____.

By signing and submitting this form, I acknowledge that this form must be received by the City of Orlando on or before the Due Date noted on the above-mentioned Notice of Violation (NOV) in order to be a valid request. I also acknowledge that this form must be sent to the City of Orlando by U.S. mail to the address provided below and not by email or facsimile transmission.

I understand that an Administrative Hearing Notification Letter will be sent to me by U.S. Certified mail to the address I provide on this form and if I fail to provide an address on this form, the letter will be sent to the address indicated on the above-mentioned NOV. I further understand that by signing and submitting this form, I waive my ability to contest the delivery of the above-mentioned NOV pursuant to Florida Statute Section 316.0083(1)(b) and (c).

I also acknowledge that either I or my legal counsel must attend the scheduled hearing in person. I understand that if the alleged violation is upheld, administrative costs of up to \$250.00 may be assessed against me in addition to the civil penalty of \$158.00. If I or my legal counsel fails to attend the scheduled hearing, I understand that my case will be adjudicated in my absence and that I may be assessed administrative costs of up to \$250.00, in addition to the civil penalty of \$158.00.

I am aware that if the alleged violation is upheld and I fail to pay any assessed fines and/or fees that the Department of Highway Safety and Motor Vehicles will place a hold on the issuance of my license plate or revalidation sticker for any motor vehicle owned or co-owned by me until the amounts assessed are paid in full.

I understand that I have the option of rescheduling a hearing one time by completing and submitting a Request to Reschedule Hearing form, which can be found at www.cityoforlando.net, at least five (5) days before the scheduled hearing date.

I acknowledge that I may cancel a hearing scheduled before the local hearing officer by paying the civil penalty of \$158.00 plus \$50.00 in administrative costs anytime before the start of the hearing time to avoid further costs and consequences.

Defendant's Signature

Date

Defendant's Printed Name

Defendant's address & phone number:

(____) _____ - _____ ext. _____

Please mail this form to the Orlando Stops Safety Program, Clerk of the Administrative Court, Post Office Box 4990, Orlando, Florida 32802. If you have any questions you may call the Administrative Clerk at 407-246-2060, or visit us at www.cityoforlando.net.