

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 vs _____ COURT DATE: _____

IN RE: CITATION NUMBER: _____ CASE NUMBER: _____

MOTION TO CONTINUE CIVIL TRAFFIC INFRACTION HEARING

COMES NOW, _____, and respectfully requests that the civil traffic infraction hearing in the above referenced case be continued to the next available court date and states:

_____ I am the defendant in the case and I agree to waive speedy trial; or

_____ I am an officer of the _____ (Law Enforcement Agency).

I am unavailable to appear on the previously scheduled court date for the following reason:

Submitted this _____ day of _____, 20 ____.

Signature of Movant

Daytime phone #

Address

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ORDER ON MOTION TO CONTINUE

Pursuant to the County Judge's Civil Infraction Policy, your Motion for Continuance is:

_____ Granted and the above matter shall be heard at the Hernando County Courthouse, Third Floor,
on _____. The above named defendant is ordered to appear at the above time and
place before the Judge of the County Court.

_____ Denied due to the request not being timely filed (it is less than one week prior to the Scheduled
hearing date); because this is the second or subsequent request for a continuance; or,

Date

County Judge

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.

I hereby certify that a copy of the newly scheduled court date was provided to the following:

() Defendant () Attorney () Officer () Witnesses

This _____ day of _____, 20____.

Deputy Clerk

Defendants Name

Address
