

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: \_\_\_\_\_

VS

Citations: \_\_\_\_\_

\_\_\_\_\_

**WRITTEN PLEA OF NOT GUILTY**

I, \_\_\_\_\_, wish to enter a written plea of NOT GUILTY to the above listed citation(s) and request a civil infraction hearing. I understand by entering a not guilty plea and requesting a court date I waive the right to pay the fine and/or to elect traffic school. Furthermore, 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. **Payment of fine will be due immediately following your hearing.**

Date: \_\_\_\_\_

Defendant's Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day time phone # \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

x \_\_\_\_\_  
Defendant's Signature

x \_\_\_\_\_

I waive my right to speedy trial

**Required if more than 30 days from issue date**

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**Court Information**

Court Date: \_\_\_\_\_ at \_\_\_\_\_ am/pm

Address of court: 20 N Main Street, Court room B or C, Brooksville, FL 34601

Copy to Defendant \_\_\_\_\_ Mailed \_\_\_\_\_

**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.**