



**AFFIDAVIT REQUESTING
HEARING AND
FORFEITING ABILITY TO
CONTEST DELIVERY**



I _____ do hereby request a formal hearing before a hearing officer in the COUNTY OF ORANGE.

I understand that I must submit this request to the Clerk for the assigned hearing officer within 60 days from the date posted on the Notice of Violation. I understand that by filing a request for this hearing, I waive my ability to contest the delivery of the Notice of Violation as set forth in F.S.S. 316.083(c) and (d). I understand that I have the option to reschedule a hearing once by notifying the appropriate Clerk for the local hearing officer in writing at least five (5) days prior to the scheduled hearing.

I understand that if I do not reschedule my hearing and I fail to appear for this hearing that I will be adjudicated guilty and I am responsible for all fines and/or fees and that a vehicle registration stop will be placed on my record. I also understand that if the Notice of Violation is affirmed by the court and/or local hearing officer, that I am responsible for the payment of the original penalty plus up to \$250.00 in local fees as set forth in F.S.S. 316.083(5). I attest that I fully understand the stipulations of these laws and the associated penalties.

I also acknowledge that this form must be sent to the City of Apopka by U.S. Mail to the address below and not by email or facsimile transmission.

Sworn by me on _____ and affirmed by my signature below.

Printed Name:

Signature of Requestor:

VIOLATION NO.: _____

VIOLATION DATE: _____

TODAYS DATE: _____

NAME: (Typed or Printed) _____ PHONE NO: _____

MAILING ADDRESS: (Street) _____ FAX NO. _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

TAG NUMBER: _____ STATE: _____ DL NUMBER: _____ STATE: _____

AGENCY/ISSUING AUTHORITY: APOPKA POLICE DEPARTMENT ISSUING OFFICER: _____ ID NO: _____

STATE OF FLORIDA
COUNTY OF _____

The forgoing "Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery" was acknowledged before me this _____ day of _____, 20____, by _____ who personally known to me or produced _____ as identification.

Notary Public
My Commission Expires:

Please submit this form to the City of Apopka – Clerk of the Administrative Court 112 E. 6th Street, Apopka, FL 32703. If you have questions you may call the Administrative Clerk at (407)703-1771.