

REQUEST FOR LOCAL HEARING

RED LIGHT VIOLATION

Email form to: photo@conduent.com Fax 1-303-298-1005

Driver/Vehicle Owner and Notice of Violation Information (NOV) (To be provided by requestor)

Date: _____

Name (Typed or Printed): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-mail: _____

NOV Number: _____

NOV Date: _____

Tag Number: _____ Driver License Number _____

Agency/Issuing Authority: _____

Issuing Officer/Agent Name: _____

Badge #: _____

Local Court or Hearing Officer Information (To be provided by local authority)

Local Court or Hearing Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

POC Telephone Number: _____ Fax: _____

THIS PAGE OF THE DOCUMENT MUST BE INCLUDED WITH THE AFFIDAVIT ON THE NEXT PAGE!

Affidavit Requesting Hearing and Forfeiting Ability to Contest Delivery

I _____ hereby request a formal hearing
(NAME)

before a hearing officer in the county of _____ . I understand that I must submit
(COUNTY)
this request to the clerk for the assigned local hearing officer within **60 days** from the date posted on the Notice of Violation (NOV). I understand that by filing a request for this hearing, I waive my ability to contest the delivery of the NOV as set forth in *F.S.S. 316.0083 (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 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 NOV 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. 316.0083 (5)*. I attest that I fully understand the stipulations of these laws and the associated penalties.

Sworn by me on _____ and affirmed by _____
(DATE)

Printed Name: _____

Signature of Requestor: _____

Date Signed: _____