

**IN THE COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA**

STATE OF FLORIDA

CASE NUMBER: _____

VS

SPN NUMBER: _____

Defendant

VIOLATION: _____

PLEA OF NOT GUILTY AND REQUEST FOR HEARING

I, the above named Defendant, acknowledge service upon me of a citation charging me with the above stated Violation, and desire to enter a Plea of NOT GUILTY. I understand that I have the following rights:

1. Right to a public hearing by an Official.
2. Right to be represented by an attorney of my choosing at my own expense.
3. Right to have the Court appoint an attorney for me if I am unable to afford one, upon proving I am completely or partially insolvent.

I CERTIFY that my address below is correct, and will notify the Court in writing of any change immediately.

I ACKNOWLEDGE receipt of a copy of this form, and that I will be notified by mail of my hearing date.

Dated this _____ day of _____, 20 ____.

Signature of Defendant

Attorney (if applicable)

Address-Number-Street

Address-Number-Street

City – State – Zip Code

City – State – Zip Code

Telephone Number

Telephone Number

PLEASE RETURN THIS FORM TO ONE OF THE FOLLOWING ADDRESSES:

Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller
Criminal Department
38053 Live Oak Avenue
Dade City, FL 33523
Phone: (352) 521-4542, option 1

Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller
Criminal Department
P.O. Box 338
New Port Richey, FL 34656-0338
Phone: (727) 847-8031, option 1