



MICHELLE R. MILLER
CLERK OF THE CIRCUIT COURT & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA

TRAFFIC DEPARTMENT
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Port St. Lucie, FL 34986
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Mailing Address:
PO Box 700, Fort Pierce, FL 34954
traffic@stlucieclerk.gov

Defendant: _____ Case Number: _____

Violation Date: _____ Citation Number: _____

Request for Court Date and Release Suspension

I, the undersigned, do hereby request a hearing pursuant to Florida statute 318.15. This request is being made after 30 days, but within 180 days of the violation date.

Upon payment of the \$23.00 fee as required pursuant to Florida statute 318.14, my case will be set for a hearing and my driver's license will be eligible for reinstatement. I understand that if my driver's license suspension is already in effect for this citation, I will be required to reinstate my license either with the Clerk's Office (if eligible) or by contacting the Department of Highway Safety and Motor Vehicles.

Dated this _____ day of _____, 20_____.

Defendant's Signature

Street Address

Phone Number

City, State & Zip Code

Designation of Email Address

Pursuant to Florida Rules of General Practice and Judicial Administration 2.516, I designate the below e-mail address(es) for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, Clerk of Court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I will file a written notice with the Clerk of Court if my current e-mail address changes.

Primary Email

Secondary Email