

[AGENCY NAME HERE]
Photo Enforced School Zone Speeding
[Agency Address line 1]
[Agency City, State, Zip Code]
[Agency Phone Number]



<***BAR CODE NUMBER***>

John Doe Jr
123 Main Street
Somewhere, FL 12345-12

FLORIDA UNIFORM TRAFFIC CITATION

XXXXXX

COUNTY OF	<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER										
CITY OF (IF APPLICABLE)	AGENCY NAME										
	AGENCY #										
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON											
SUMMONS (VIOLATOR'S COPY)											
DAY OF WEEK	MONTH	DAY	YEAR	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
NAME (PRINT) FIRST MIDDLE LAST											
STREET IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE											
CITY		STATE	ZIP CODE								
TELEPHONE NUMBER	DATE OF BIRTH	MO	DAY	YEAR	RACE	SEX	HGT				
DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	YR. LICENSE EXP.	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO					
YR. VEHICLE	MAKE	STYLE	COLOR	VEHICLE LICENSE NO.				TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	<input type="checkbox"/> YES <input type="checkbox"/> NO
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY											MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
											COMPANION CITATION(S) <input type="checkbox"/> YES <input type="checkbox"/> NO
FT. _____ MILES _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____											
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.											

☐ UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH
(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)
SPEED MEASUREMENT DEVICE: _____

IN VIOLATION OF	SECTION	SUB-SECTION
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Florida Uniform Traffic Citation

You may examine and observe your images and video at the below Internet location.

<Enter website link>

Violation Number:

Pin Number:

Amount Due: \$<Amt Due>

Due Date: <Issue Date+30 Days>

ISSUE DATE: <Issue Date> FINE AMOUNT: \$<Amt Due>

Location: <Location of Violation>

Violation Date and Time: <Violation Date & Time>

Vehicle License Number: <License Plate # and State>

Important instructions to individuals charged with a non-criminal traffic infraction. You have been issued a uniform traffic citation for a violation of State Statute code 099 School Zone Speed CAMERA ONLY, 316.183 (2) or 316.1895 (10) pursuant to F.S. 316.1896. You are required to comply with one of the options listed below. If you fail to comply with one of the options by the date listed your driving privilege may be suspended until you comply and you may incur additional cost associated with non-compliance.

You may pay the civil penalty listed on this citation to the Clerk of Court or establish a payment plan pursuant to s. 28.246(4), F.S.

YOU HAVE THE RIGHT TO EXAMINE AND OBSERVE THE IMAGES AND VIDEO EVIDENCE OBTAINED FOR THIS CASE: The recorded images and/or video of your violation will be submitted as evidence for the disposition of this violation. To view your images and video online at: <enter website link>, you will need your Violation # and Pin # printed on the top of this Notice inside the red box. If you do not have Internet access, you have the right to examine and observe your video and images at <enter physical address for viewing location>.

☐ Option A: MAKE A PAYMENT

- PAYMENT BY MAIL \$<Amt Due>** must be received by <Due Date> payable by check or money order directly to the Clerk of the Court. Sign and mail this original Citation with your payment. Please keep a copy for your records. MAILING ADDRESS FOR THE CLERK OF COURT: Clerk of the Circuit Court Traffic Violations Bureau, <enter Clerk of Court mailing address>
DO NOT MAIL CASH.
- PAYMENT IN PERSON \$<Amt Due>** may be paid in person at Clerk of the Court, <Enter Clerk of Court physical address>, or check the Clerk of Courts website for other locations on or before <Due Date>. Include this original Citation with your payment. Please keep a copy for your records.
- PAYMENT ONLINE** - <enter Clerk of Court Payment website here>

☐ Option B: REQUEST A HEARING To challenge this Citation, request a court hearing prior to <Due Date>. Sign and mail this original Citation to the <enter mailing address to request hearings in writing>. Please keep a copy for your records. If the official determines no infraction has been committed, no costs or penalties shall be imposed and any costs or penalties which have been paid shall be returned in accordance with Florida Statute § 318.20. IF THIS BOX IS NOT CHECKED, A HEARING WILL NOT BE SCHEDULED. THE COURT WILL SCHEDULE YOUR HEARING AND NOTIFY YOU OF THE DATE, TIME, AND LOCATION.

SIGNATURE OF VIOLATOR

DATE

☐ Option C: AFFIDAVIT If you are the registered owner of the vehicle, you are deemed responsible for the penalty unless, in compliance with Florida Statute § 316.1896 you establish by a notarized affidavit that a statutory exemption applies.

RANK - NAME OF OFFICER

OFFICER SIGNATURE

BADGE NO.

ID NO.

TROOP/UNIT