

Worthless Check - Hardship License Request

Name: _____ SS# _____

Florida DL# _____ Telephone# _____
Where you can be reached between 8:00 a.m. and 5:00 p.m.

Mailing Address _____

I hereby request an Administrative Hearing to be considered for hardship reinstatement of my driving privilege.

(Signature)

(Date)

To Be Completed By Clerk of Court or State Attorney

Defendant's Name _____

SS# _____ Warrant/Case# _____

Defendant has agreed to make restitution pursuant to the terms and conditions set forth by the court.

Defendant has established a court date for this case. Court date: _____

Authorized By: _____

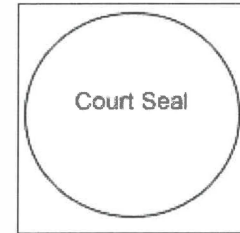
(Signature)

(Print or type name)

Authorized Agency:

Clerk of Court

State Attorney



County _____

To Be Completed by Clerk of Court in the defendant's resident county

The Above Named Individual:

Has no traffic cases pending in this county for the past 30 days.

Has the following traffic cases pending: _____

COUNTY: _____



AUTHORIZED _____

(Signature)

(Date)

Note to Customer: Please mail or fax this completed form to the Division of Driver Licenses, Bureau of Administrative Reviews. You will be contacted for a brief telephonic hearing.