

KELVIN SOTO, ESQ. CLERK OF THE CIRCUIT COURT & COUNTY COMPTROLLER OSCEOLA COUNTY, FLORIDA

OSCEOLA COUNTI, LEON	ADA
DATE:	
CITATION #(s):	
AGENCY (Circle One) Kissimme PD Osceola Sheriff's Office St Cloud PD FHP Troo	op D FHP Troop K
I HEREBY REQUEST TO ENTER INTO A CONDITIONAL PLEA OR A HEARI	NG ON THE ATTACHED CITATION.
It may be possible for you to resolve your case without a court appearance. Select an	Option below.
Option 1: Conditional Plea - A plea for those defendants who wish to resolve their case without desire that their case be reviewed to determine if the infraction be resolved by a withhold of adjudriving record. Not available for citations involving a traffic crash. Submit the Conditional Plea frequest. If the court accepts the Conditional Plea, a disposition order will be entered by the court hearing, and you will have 120 days to satisfy any penalty imposed by the court.	udication of guilt resulting in "no points" on their form found on the following page along with this
Option 2: Schedule a Virtual Hearing - Complete the information below and you will be sent, via hearing. You will be required to have a computer, cell phone, or mobile device that has a microheld via Microsoft Teams.	
Option 3: Schedule an In-Person Hearing - Complete the information below and you will be sent	a court date to appear by U.S. mail.
YOU MUST COMPLETE ALL PORTIONS BELOW. FAILURE TO DO BEING SENT TO THE ADDRESS ON THE CITATION OR YOUR	VIRTUAL ELECTION BEING DELAYED.
NAME: PHONE #	
MAILING ADDRESS:	
CITY/STATE & ZIP CODE:	
EMAIL ADDRESS:	
□ I accept and DO want to receive text messages and/or email notification remind	ders.
$\hfill \square$ I decline and DO NOT want to receive text messages and/or email notification	reminders at this time.
Cell Phone Provider: AT&T T-Mobile, Sprint, Verizon, Other	er:
By Participating in the Osceola County Clerk's office notifications, you authorize you by mail, email, telephone, text, automated contact or other means of commun	
A DATE TO APPEAR WILL BE MAI	
If you have not received notification within 3 weeks	
**IF MORE THAN 30 DAYS HAS LAPSED SINCE THE I	,
YOUR LICENSE MAY ALREADY BE SUSPENDED. PLEASE ASSISTANCE**	E CALL 407-742-3566 FOR FURTHER
PLEASE NOTE: THE CLERK'S OFFICE DOES NOT HAVE THE A	UTHORITY TO GRANT A CONTINUANCE.
To CANCEL your HEARING, contact our office at least 3 busin A \$15.00 CANCELLATION FEE is required, along with the	
Defendant's Signatu	re
Receiving Deputy C	Elerk Signature

YOU MUST SIGN THIS FORM OR YOUR REQUEST WILL NOT BE HONORED.

Option 1: Conditional Plea - Signed document may be emailed to TrafficOsceola@osceolaclerk.org. Option 2 & 3: Virtual or In-Person Hearing - Signed document may be emailed to HearingRequest@osceolaclerk.org.

IN THE COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR OSCEOLA COUNTY, FLORIDA

STATE OF FLORIDA		CASE NO.:
		CITATION NO.:
v.		
Defen	dant.	
	CONDITIO	NAL PLEA OF NO CONTEST
	VERIFIED STA	ATEMENT OF ADMISSION AND
	WAIV	VER OF APPEARANCE
Under	penalty of perjury, I swear or aff	firm as follows [please print clearly]:
1.	, ,	e number are:
2.	My email address is:	
3.	My date of birth is:	·
4.	· / -1	se attach a copy of each citation, if available]:
5.	5. I am the defendant in the above-referenced case and I have been charged with the following violation(s) [please list the charges as you understand them to be]:	
6.	This is not an admission that I vertex to the citation(s) I have listed at adjudication of guilt on the about on my driving record. If the Couthat my case will be set on a region.	violated any law. This is a conditional plea of no contest bove. I am requesting the Court to withhold the ove listed citation(s) so that I will be assessed no points ourt rejects my conditional plea of no contest, I understand gularly scheduled civil traffic infraction pre-trial docket will not be considered as evidence that the civil traffic
7.	guilt will be withheld on the abomy driving record, but I also un	cepts my conditional plea of no contest, adjudication of ove-listed citation(s) so I will be assessed no points on derstand I will be required to comply with the conditions may include the payment of applicable fines, fees, costs

and any other imposed sanction (i.e. driver improvement school) – within **120 days** or my driver's license may be suspended. The Court may impose fines up to \$500, except for cases of unlawful speed in a school or construction zone where the fine may be up to \$1000.

8. If my citation(s) involve(s) improper equipment or failure to display a valid driver's license, valid insurance or a valid registration, I have attached: proof that any equipment defect has been repaired; a copy of my current valid driver's license; proof of valid insurance; or a copy of my valid motor vehicle registration.

I hereby plead NO CONTEST and file this verified statement as an explanation of what happened and as a statement that the judge or hearing officer can consider before determining any punishment. By pleading no contest, I understand that I am not admitting or denying that the infraction was committed, but I do not contest the charges. I understand that if this plea is accepted, the judge or hearing officer will withhold adjudication of guilt and assess no points on my driving record. I understand that I am not required to make any statement. I understand that the judge or hearing officer will determine the appropriate sentence in withholding the adjudication of guilt which may include the payment of applicable fines, fees, costs and any other imposed sanction.

I understand I am waving my personal appearance in this matter and if the plea is accepted, I will not have a final hearing before the Court. I further understand this plea is completely voluntary and if I do not complete this form, my case will be set for a civil traffic hearing in the future.

Statement of Defendant (A statement is not required. Any additional papers, documents or photos can be attached, but should be mentioned here. Add additional paper if necessary):		
• •	on could cause me to be prosecuted for a separate e I have read the foregoing statement and the facts	
Defendant (Signature)	Date	
(Printed name of Defendant)		
If you are under the age of 18, a parent or	guardian must also sign this statement.	
Signature of Parent/Guardian:		
Printed Name of Parent/Guardian:		