MICHELLE R. MILLER CLERK & COMPTROLLER ST. LUCIE COUNTY, FLORIDA		
	<b>TRAFFIC DEPARTMENT</b> 250 NW Country Club Drive Port St. Lucie, FL 34986 772-871-7200	Mailing Address: PO Box 700, Fort Pierce, FL 34954 <u>traffic@stlucieclerk.com</u>
Defendant:		Case Number:
Violation Date:		Citation Number:
		Court Request
jury trial. I und	•	uest for a court date for the above citation and request a non- uilty plea and requesting a court date, I waive the right to pay the
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