

# NEW TRAFFIC CITATION FEES EFFECTIVE "11/01/2009"

For all other charges not listed below please visit  
[www.SarasotaClerk.com](http://www.SarasotaClerk.com)

<b>PEDESTRIAN/BICYCLE VIOLATION</b>	<b>\$ 64.50</b>
<b>NON-MOVING VIOLATION</b>	<b>\$116.00</b>
<b>EQUIPMENT VIOLATION</b> (defect not corrected)	<b>\$116.00</b>
<b>EQUIPMENT VIOLATION</b> (defect corrected)	<b>\$ 96.00</b>
<b>LITTERING</b> Violations of 403.413(4),(4a),(4c)	<b>\$163.50</b>

**FAILURE TO STOP FOR SCHOOL BUS** **\$206.00**

<b>MOVING VIOLATION FOR</b>	<u><b>NO SCHOOL</b></u>	<u><b>SCHOOL</b></u>
Failure to Stop for Traffic Signal (Red Light)F.S. 316.074(1) and F.S. 316.075(1)(C)1	<b>\$231.00</b>	<b>\$238.00</b>

<b>MOVE OVER VIOLATION:</b>	<u><b>NO SCHOOL</b></u>	<u><b>SCHOOL</b></u>
Violation of 316.126(1)(b)	<b>\$136.00</b>	<b>\$143.00</b>

<b>MOVING VIOLATION:</b>	<u><b>NO SCHOOL</b></u>	<u><b>SCHOOL</b></u>
	<b>\$166.00</b>	<b>\$173.00</b>

<b>MOVING WITH SPEED:</b>	<u><b>NO SCHOOL</b></u>	<u><b>SCHOOL</b></u>
➤ 6-9 MPH	<b>\$131.00</b>	<b>\$138.00</b>
➤ 10-14 MPH	<b>\$206.00</b>	<b>\$213.00</b>
➤ 15-19 MPH	<b>\$256.00</b>	<b>\$263.00</b>
➤ 20-29 MPH	<b>\$281.00</b>	<b>\$288.00</b>
➤ 30+ MPH	<b>MANDATORY COURT</b>	

<b>MOVING WITH SPEED-SCHOOL/CONSTRUCTION ZONES:</b>	<u><b>NO SCHOOL</b></u>	<u><b>SCHOOL</b></u>
➤ 1-9 MPH	<b>\$156.00</b>	<b>\$163.00</b>
➤ 10-14 MPH	<b>\$306.00</b>	<b>\$313.00</b>
➤ 15-19 MPH	<b>\$381.00</b>	<b>\$388.00</b>
➤ 20-29 MPH	<b>\$431.00</b>	<b>\$438.00</b>
➤ 30+ MPH	<b>MANDATORY COURT</b>	

**DISMISSAL FEE FOR PROOF OF:**  
➤ VALID REGISTRATION, DRIVER LICENSE,  
INSURANCE **\$10.00**

**NOTE: The registration, driver's license, or insurance must have been valid at the time of the offense.**

**Mail Payments To:**

Clerk of the Circuit Court  
Traffic Violations Bureau  
PO BOX 850001  
Orlando, FL 32885

**Mail Traffic School Certificates and Civil Hearing**

**Requests To:**

Clerk of the Circuit Court  
Traffic Violations Bureau  
PO BOX 3079  
Sarasota, FL 34230

## TRAFFIC OPTION FORM CHECK ONE ONLY:

       **Pay Citation**

**Note: For credit card payment using your Visa or Mastercard please call (941)861-7400.**  
By selecting this option you are admitting to the violation and have waived your right to a hearing. Points will be assessed if applicable. You must submit payment within thirty (30) calendar days from the date of the citation to avoid suspension of your license

       **Pay School Amount and attend Driver**

**Improvement School.**

**Note: Payment may not be taken over the phone if electing to attend driver improvement school.**  
School must be elected and fine paid within thirty (30) calendar days from the date of your citation. School must be completed and your certificate of completion returned to the Clerk of the Circuit Court within ninety (90) calendar days from the date of your citation. **By selecting this option adjudication is withheld, no points are assessed and you have waived your right to a hearing.**

You may not elect driver improvement school if;

1. You are a holder of a CDL driver's license.
2. You have already submitted payment in full without the traffic option form.
3. Payment of fine and traffic option was not submitted within thirty (30) calendar days from the date of your citation
4. You have made this election in the last twelve (12) months or five (5) times in ten (10) years.

To select a driver improvement school, pay the school fee and attend class please see the yellow pages of your local phone directory or [www.hsmv.state.fl.us](http://www.hsmv.state.fl.us).

       **Deny Violation & Request a Hearing**

By selecting this option you have waived your right to pay the civil penalty. To make this option sign and return this form within 30 days of the citation date. A notice will be mailed to the address listed on the citation unless the address change is checked below.

**I have selected the option marked above and understand that I cannot change this selection after I return this form.**

PLEASE PRINT YOUR:        **Note Address Change**

CITATION #: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, ST., ZIP: \_\_\_\_\_  
DAY TIME PHONE#: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

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**To pay by credit card please complete the following information.**

Fine Amt \$ \_\_\_\_\_

Ticket # \_\_\_\_\_

       **VISA**           **MC**

Card # \_\_\_\_\_ Exp \_\_\_\_\_  
**3 digit security code(back of card)** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

