



**NEW TRAFFIC
CITATION FEES**
EFFECTIVE 7/01/2010

For all other charges not listed below,
visit www.SarasotaClerk.com

PEDESTRIAN/BICYCLE VIOLATION	\$ 64.50
NON-MOVING VIOLATION	\$116.00
FAILURE TO STOP FOR SCHOOL BUS	\$206.00
MOVING VIOLATION FOR	<u>NO SCHOOL</u> <u>SCHOOL</u>
Violations under F.S. 316.074(1) & 316.075(1)(c)1 for Failure to Stop for Traffic Device, Signal, Red Light	\$264.00 \$271.00

Note: Pursuant to F.S. 322.0261(4)(a) if you are cited for a violation under 316.074(1), 316.075(1)(c)1, 316.172(1)(a), or 316.191(3)(a) and do not elect traffic school when making your payment, points will be assessed and the Department of Highway Safety and Motor Vehicle will send you a notice requiring you to attend a driver improvement course.

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

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

MOVING WITH SPEED:	<u>NO SCHOOL</u> <u>SCHOOL</u>
➤ 1-9 MPH	\$131.00 \$138.00
➤ 10-14 MPH	\$206.00 \$213.00
➤ 15-19 MPH	\$256.00 \$263.00
➤ 20-29 MPH	\$281.00 \$288.00
➤ 30+ MPH	MANDATORY COURT

MOVING WITH SPEED-SCHOOL/ CONSTRUCTION ZONES:	<u>NO SCHOOL</u> <u>SCHOOL</u>
➤ 1-9 MPH	\$156.00 \$163.00
➤ 10-14 MPH	\$306.00 \$313.00
➤ 15-19 MPH	\$406.00 \$413.00
➤ 20-29 MPH	\$456.00 \$463.00
➤ 30+ MPH	MANDATORY COURT

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.

Please make checks payable to:
CLERK OF THE CIRCUIT COURT, SARASOTA COUNTY

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

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) 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 within a lifetime.

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.

___ 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: **___ Note Address Change**

CITATION #: _____

NAME: _____

ADDRESS: _____

CITY, ST., ZIP: _____

DAY TIME PHONE#: _____

SIGNATURE: _____

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

Note: Credit card transactions are subject to a 3.5% fee, added by MyFloridaCounty.com, the payment processor.

Fine Amt: \$ _____ Ticket # : _____

Visa MasterCard AmEx Discover Card

Card # _____

Exp Date MM/YYYY ____ / ____

Three/Four Digit Security Code on Card: _____

Billing Address Zip Code _____

Signature of Card Holder

Printed Name of Card Holder