

# PAYMENT FORM

Complete this form when making a payment in order to satisfy your citation(s).

- Mail the yellow citation or a copy with this form to:  
CLERK OF COUNTY COURTS, TRAFFIC COURTS DIVISION  
P.O. BOX 19321  
MIAMI, FL 33101-9321
- You may pay by check or money order. Please make check or money order payable to CLERK OF COURTS. Do not send cash.
- To avoid late fees and the suspension of your driver's license your payment must be received in this office WITHIN 30 DAYS of the issue date of the citation.

**PLEASE PRINT**

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LAST NAME	FIRST NAME	MIDDLE NAME
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STREET ADDRESS	APT. #
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CITY	STATE	ZIP CODE
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(      )

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AREA CODE	TELEPHONE NUMBER
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**CITATION NUMBER**

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	<b>AMOUNT PAID</b>
	\$
	_____
	_____
	_____
<b>TOTAL \$</b>	_____