Docket #: _____

City of Fairfax General District court

19th Judicial Circuit of the Commonwealth of Virginia

Court Date: _____

@ 9:30am

MOTION TO CONTEST PARKING CITATION

TO: The Clerk of the Court
City of Fairfax General District Court

FROM:

Defendants Name:	Driver's License Number:	Current Contact phone #:
Defendants Address:	City, State, Zip:	Date of Birth:
Citation Number:	Violation Description:	Violation Code:
Date Issued:	Issued By:	Vehicle License Plate Number:

I hereby certify that I am the owner and/or operator of the above listed vehicle that was issued the parking citation listed. I hereby waive formal service of process and request this matter to be set for trial in the City of Fairfax General District Court on the date and time listed above. I agree to be present at that time for trial. I understand that I may be tried in my absence should I fail to appear as scheduled and acknowledge that willful failure to appear may result with me being charged with a separate offense. **I further understand that should I be found guilty, my fine may be more than the prepayment amount and that $66 Court Costs will be assessed.**

The court is located at:
City of Fairfax – City Hall
10455 Armstrong Street
Fairfax, VA 22030
703-385-7866

_____ Signature of Owner or Operator

_____ Date

ATTENTION: If you decided to NOT contest this citation prior to the assigned Court Date, you MUST call or appear in person at the Court Clerk's office and make payment of the full fine **and $61 court cost**. If you fail to notify the Court and do not make the proper payment you will be tried in your absence and billed for the full amount plus a tried in absence fee.

Motion Processed By:	Date sent to Office/PEO: