



**SPECIAL MAGISTRATE PHONE CONFERENCE REQUEST:**

When requesting a telephone conference for a Special Magistrate Hearing the following rules are to be followed:

I agree to be cordial, and I understand the Administrative Hearing is being recorded.

I understand I shall be given a time to speak after the Prosecutor has presented the case to the Special Magistrate, unless I file a rehearing request at which time I shall wait for the Special Magistrate to address me in regards to presenting the case.

I agree to be called on a land line if possible, as preferred by the Special Magistrate.

If I am unable to be called on a land line, I shall be called on a cell phone and agree to be in a stationary location which is quiet and appropriate for a business conversation.

If I do not answer my phone when called, I understand there will not be another courtesy call to me, and I will not be extended the courtesy of a phone conference at any future hearing.

I understand I cannot present evidentiary evidence over the phone, and if that is needed for my defense I need to appear in person.

The reason I am requesting a telephone conference is for the following reason:

- Medical reasons.
- I reside over 100 miles out of the City.
- I reside out of the State.
- I cannot attend due to the care of an elderly person or child.
- Disability that restricts my ability to travel.

I understand that the Special Magistrate generally has a full docket of cases, and I may not be contacted at an exact hearing time. I understand I must be available for the full morning or afternoon that my case is scheduled for.

By signing this agreement I understand the telephone conference is being granted to me as a courtesy by the City of Sarasota. I shall be notified of the date and time of the hearing by letter.

I understand the City of Sarasota **may or may not** stipulate to a phone conference and I will be notified by one of the following ways:

- a. E-mail
- b. Fax number
- c. Phone Number (land or cell)

I \_\_\_\_\_, agree to the conditions listed above on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

**Official Code Compliance Order No.:** \_\_\_\_\_

**Address where violation occurred:** \_\_\_\_\_  
**Sarasota, FL**