



## CHARLOTTE COUNTY, VA SHERRIF'S OFFICE HEARING REQUEST FORM

The summonsed person has the right to contest the violation by completing this form and attending the hearing. The request for a hearing with the General District Court must be submitted within 30 days from the date that the Summons was mailed.

Please complete the section below and follow the instructions for returning this form. Upon receipt of the request, you will be sent confirmation of your hearing date, time, and location by first class mail.

**All fields are required. Incomplete forms may result in your request not being processed.**

Person Requesting Hearing:		Hearing Date: <i>(Listed on Summons)</i>	
Summons Number: <i>(Top Right-Hand Corner of Citation)</i>		Summons Pin:	
Street Number:	Street Name:	Apt/Unit/Lot #:	
City:		State:	Zip:
Phone#:		Email: <i>(only used in case of emergency notification)</i>	

**\* A court fee of \$79 may be assessed to the case in addition to the original fine amount. \***

**Email, Mail or Fax This Form To:**

Charlotte County, VA  
 Sheriff's Office  
 C/O Court Hearing Department  
 4411 Oakwood Drive  
 Chattanooga, TN 37416  
 Fax: (423) 702-4404  
 Email: [hearings@violationpayment.net](mailto:hearings@violationpayment.net)

For any questions, contact us:  
 By Phone: 1-855-252-0086  
 By Email: [hearings@violationpayment.net](mailto:hearings@violationpayment.net)

---

*For Departmental Use Only (Do Not Write Below the Line Above)*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Hearing Date Scheduled: \_\_\_\_\_

Date Notice Sent to Above Named Party: \_\_\_\_\_