

**Office of the Special Magistrate**  
1700 Convention Center Drive, 1<sup>st</sup> Floor  
Miami Beach, Florida 33139  
Telephone: 305.673.7181

For Office Use Only

APPEAL CASE: SMA # \_\_\_\_\_

Date/Time Appeal Received: \_\_\_\_\_

## NOTICE OF APPEAL TO SPECIAL MAGISTRATE

### INSTRUCTIONS:

- An appeal of a Notice of Violation must be timely filed. **Failure to seek an appeal within the proscribed appeal time, will constitute a waiver of the violator's right to the administrative hearing, and shall be deemed an admission of the violation.**
- The appeal must include your name, mailing address, daytime telephone number and a copy of the Notice of Violation (front and back).
- Simultaneously with your written appeal, you must submit a \$136.00 appeal fee. Checks must be made payable to the City of Miami Beach. If you prevail in your appeal, your appeal fee will be refunded.
- If you wish to utilize this Notice of Appeal form, answer all questions as completely as possible.
- You may attach an explanatory letter and/or documents that you think will help the Special Magistrate evaluate your appeal.
- Return your written appeal and/or this Notice of Appeal form to the Office of the Special Magistrate, 1700 Convention Center Drive, 1<sup>st</sup> Floor, Miami Beach, FL 33139. You may also send it to [SpecialMagistrate@miamibeachfl.gov](mailto:SpecialMagistrate@miamibeachfl.gov). Instructions for payment will follow after the appeal information is entered in the system.
- Keep copies of all documents you submit to the Clerk of the Special Magistrate for your records.
- **Please be notified that starting on May 2, 2024, all Special Magistrate hearings will take place in person at the Third Floor Commission Chamber in City Hall.**

NOTICE OF VIOLATION NUMBER: \_\_\_\_\_

### APPELLANT / VIOLATOR:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS OF VIOLATION: \_\_\_\_\_

I, the Appellant named above, wish to appeal the above-referenced Notice of Violation.

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appellant's Printed Name

### Additional Information To Be Provided If Represented By An Attorney:

ATTORNEY NAME: \_\_\_\_\_ FLORIDA BAR NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

**Notice to Appellant/Attorney:** The Special Magistrate Clerk will send a Notice of Hearing to the mailing address of the Appellant or, if represented by an attorney, to the attorney indicated on this form.

### CLERK OF THE SPECIAL MAGISTRATE USE ONLY

Payment Method:  Check  Cash  Credit Card/Online

Copy of Violation Attached (front and back)  Yes  No

Timely Appealed:  Yes  No

Processed by: \_\_\_\_\_

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