



CITY OF DORAL  
CODE COMPLIANCE DEPARTMENT  
SPECIAL MAGISTRATE

AGENDA ITEM: # \_\_\_\_\_

SM CASE NO: C \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPEARANCE REQUEST**

(Anyone addressing the Special Magistrate MUST complete this form)

NOTE: IF YOU ARE NOT ABLE TO COMMUNICATE, OR ARE NOT COMFORTABLE EXPRESSING YOURSELF, IN THE ENGLISH LANGUAGE, IT IS YOUR RESPONSIBILITY TO BRING AN ENGLISH-SPEAKING INTERPRETER TO THE HEARING. THIS PERSON MAY BE A FRIEND, RELATIVE OR SOMEONE ELSE TO INTERPRET FOR YOU DURING YOUR APPEARANCE AT THE HEARING. A MINOR CHILD CANNOT SERVE AS A VALID INTERPRETER. THE CITY OF DORAL DOES NOT PROVIDE INTERPRETATION SERVICES DURING ANY QUASI-JUDICIAL PROCEEDING.

NOTA: SI USTED NO ESTÁ EN CAPACIDAD DE COMUNICARSE, O NO SE SIENTE CÓMODO AL EXPRESARSE EN INGLÉS, ES DE SU RESPONSABILIDAD TRAER UN INTÉRPRETE DEL IDIOMA INGLÉS A LA AUDIENCIA. ESTA PERSONA PUEDE SER UN AMIGO, FAMILIAR O ALGUIEN QUE LE HAGA LA TRADUCCIÓN DURANTE SU COMPARECENCIA A LA AUDIENCIA. UN MENOR DE EDAD NO PUEDE SER INTÉRPRETE. LA CIUDAD DE DORAL NO SUMINISTRA SERVICIO DE TRADUCCIÓN DURANTE NINGÚN PROCEDIMIENTO DELANTE DE LOS MAGISTRADOS.

Please follow these procedures when addressing the Special Magistrate:

- ✓ At the microphone give your name, address and relationship to the property.
- ✓ Direct all remarks to the Magistrate, not at any other City Staff.
- ✓ All discussions and questions must be directed to the Magistrate or request permission from the Magistrate to address City Staff.
- ✓ Limit address to (5) five minutes.

**PLEASE PRINT:**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Magistrate Hearing Date: \_\_\_\_\_

Address of property at issue: \_\_\_\_\_



CITY OF DORAL  
CODE COMPLIANCE DEPARTMENT  
SPECIAL MAGISTRATE

Regarding: (check one)

- Initial hearing on city code violation
- Request for a Mitigation/Reduction of Penalty/Lien
- Request for an Extension of the Compliance Date
- Affidavit of Non-Compliance
- Condemnation
- Abandoned Vehicle
- Other \_\_\_\_\_

You wish to: (check one)

- Testify on your own behalf
- Speak as a representative of the Respondent
- Testify as a witness:
  - For the Respondent
  - Against the Respondent

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