



CITY OF DORAL
CODE COMPLIANCE DEPARTMENT
SPECIAL MAGISTRATE

SM CASE NO: C _____ - _____ - _____

REQUEST FOR EXTENSION OF COMPLIANCE DATE

INSTRUCTIONS:

This request must be submitted prior to the Special Magistrate Order expiration; compliance date **MUST** not be past due for the case to be heard. Please fill out this form completely and be specific when writing your statements. Be advised that this form and any attachments will become public record. When the form is complete, please send the form via email to the following recipients:

Evelyn Freile, Special Magistrate Coordinator, evelyn.freile@cityofdoral.com
Edgard K. Estrada, Director of Code Compliance edgard.estrada@cityofdoral.com

After our department receives and reviews the form, you will receive a written response back confirming the location, time, and date of the next available Special Magistrate Hearing. The officer also will issue a Notice to Appear Before the Special Magistrate that you will receive by hand delivery, posting, regular and/or certified mail. Should you have any questions, please contact the Code Compliance Department at 305-593-6680.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

This Petition will be presented at the next regularly scheduled meeting, held on the third Thursday of each month (see schedule), and you need to be present to testify at the Special Magistrate Hearing.

This form needs to be submitted to the Special Magistrate Coordinator 10 days prior to the Hearing.

The Special Magistrate's decision will be based on the record of the case, this petition, along with any documents in support thereof, and the City's written response, and shall be its final action on the case. Appeals of the Special Magistrate's decision must be directed to the Circuit Court within 30 days of the Special Magistrate's Order.

Be advised that after a case is heard by the Special Magistrate, the City does not have any jurisdiction to make any decisions in regard that case, violation and fines imposed.



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Property Owners' Name: _____

Petitioner Name* (if different from above) _____

***If Petitioner is not the owner of record, you MUST provide a Power of Attorney or other legal documentation as to your relationship to the property and authority to submit this petition. Copies of documents must be attached.**

Property Address: _____

Mailing Address (if different from above) _____

Phone Number where you can be reached during the day: _____

E-mail Address: _____

Special Magistrate's Ordered Date of Compliance _____

Officer's Name _____

Fines amount if any _____

EXTENUATING/OTHER CIRCUMSTANCES

Was a permit required in order for you to complete the requirements set forth by the Special Magistrate? ___ yes ___ no.

If a permit was required, when did you first make application? _____

When was the permit issued? _____

Was the permit finalized? ___ yes ___ no. Final Inspection Date: _____

Were variances or approval from other departments or government agencies required? ___ yes ___ no.

Are there other legal proceedings pending? ___ yes ___ no.



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If yes, provide documentation of proceedings including current status (eviction, bankruptcy, divorce, etc.) relate to code enforcement proceedings including timeframe for same. Attach additional documentation/sheets if required.

Were there additional extenuating circumstances which related to your inability to comply with the requirements set forth by the Special Magistrate? ___ yes ___ no. If the answer is yes, please describe in detail (you may attach additional documentation or narrative if required):

Your completed application will be presented to the Special Magistrate in its entirety, along with all supporting documentation. An Order by the Special Magistrate will be issued and provided to you.

I hereby acknowledge that this application is complete as submitted.



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DATE: _____ Signed: _____

STATE OF: _____ Print Name: _____

COUNTY OF: _____

PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, _____, who first being duly sworn, acknowledged before me that the information contained herein is true and correct. (He/She) (is/is not) personally known to me and have each produced a Florida Driver's License as identification and (did/did not) take an oath.

FDL# _____ My Commission Expires:

_____ Date _____

Notary Public

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 COMPARENCIA 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.