

DRIVER IMPROVEMENT SCHOOL AFFIDAVIT

CITATION # _____

Do NOT sign this affidavit unless you are sure you understand the terms of Traffic School Option.

The undersigned does hereby swear or affirm, that subject to penalty of perjury and contempt of court, that of this date: Please initial each statement below.

I have not elected Driver Improvement School in the past 12 month's _____ (initial)
(does not include this citation)

I have not elected Driver Improvement School 5 times in a lifetime _____ (initial)

I do not have a **CDL** (Commercial Driver's License) _____ (initial)

If I hold a license issued by another state, this option may not accomplish a withholding of points and/or adjudication. It is my responsibility to obtain approval from the state or agency that issued my license.

I hereby elect to attend a Driver Improvement School in my area that is approved by the State of Florida to have adjudication withheld by the Clerk under provisions of Chapter 318.14(9) Florida Statutes, and you shall provide **PROOF OF COMPLETION** of a one-time 4-hour Basic Driver Improvement course to the **County Clerk's Traffic Violation Bureau, POST OFFICE BOX 472, MILTON, FLORIDA 32572** within sixty (60) days of this date. I understand if I failed to complete a Driver Improvement School, I have forfeited my election for the next 12 months.

DATE FOR COMPLETION TO BE FILED BY: _____
May be filed via email to TrafficProof@santarosaclerks.com or faxed to **850-983-2048**.

I understand that my failure to comply within sixty (60) days of this date will require the Court to suspend my driving privileges for non-compliance. This would require me to **pay and \$18.00 processing fee and a \$23.00 late fee to the Clerk of Courts**. Adjudication of guilt will be made and points will be assessed. Also, I would be required to pay a reinstatement fee to the Driver's License Bureau for reinstating my driving privilege.

Further, I understand that my Affidavit and court costs, if submitted by mail, must be submitted to the County Clerk in order for my Affidavit to be accepted by the Court.

By signing below, I acknowledge that I have read the above and understand it. Signing without reading or understanding does not exempt you from failure to comply with all requirements.

Violator's Printed Name

Violator's Signature

*Violator's Phone Number

*Email Address

Violator's Address

City, State, Zip

Sworn before me this _____ day of _____ 20_____.

CLERK OF COURTS-Deputy Clerk or Notary Public

Signature of Deputy Clerk or Notary

***Required**