IN THE COUNTY COURT, EIGHTH JUDICIAL CIRCUIT IN AND FOR ALACHUA COUNTY, FLORIDA

State of Florida		Citation Number:	
	VS		
	Defendant	A MANDATORY COURT HEARING IS REQUIRED FOR: PASS SCHOOL BUS; ACCIDENT INVOLVING DEATH OR SERIOUS BODILY INJURY; VEHICLE DROPPING LOAD; OR SPEEDING MORE THAN 30 MILES OVER POSTED LIMIT	
	AFFIDAVIT OF DEFENSE FOR MA	AND ATORY COLIRT HEARING	
	This affidavit will be presented to the presiding	<u> </u>	
Un	der penalty of perjury, I swear and affirm as fo	llows:	
1.	Name		
	Citation Charge:		
2.	Check <i>only one</i> as your plea:		
	 I hereby plead NO CONTEST which means I am not admitting or denying the citation and do not contest the charges. I understand that the judge will determine any appropriate sentence and decide whether to adjudicate me guilty. I must appear in court for a mandatory court hearing on the citation. I am not required to make a statement. If I choose to make a statement, the Court will take it into consideration. 		
	 I hereby plead GUILTY and admit to the citation as charged. I understand that: I am giving up my right to have the case proved against me by testimony and other evidence. 		
	 I must appear in court for a mandatory co I am not required to make a statement. If Court will take it into consideration. 	ourt hearing. I choose to make a written statement, the	
	 I hereby plead NOT GUILTY, contest part or I must appear in court for this hearing. I am requesting a hearing in my case and a 		
3.	Regardless which plea I select above. I unders	tand that I must be present for my hearing.	

- 4. The Court may sentence me to any of the following:
 - An adjudication (points on driving record) and/or
 - A withhold of adjudication (no points) and/or
 - 4, 8, or 12 hour driving improvement course at my own expense and/or
 - Court costs and possible fines

5.	OPTIONAL - Defendant's written statement (Ex: Mitigation, Obtained Proof of Insurance, Obtained Driver's License, etc.)			
	I understand that this Affidavit is my sworn statement, and any material misrepresentat could cause me to be prosecuted for a separate criminal law violation.	ion		
Da	Date Signed:			
	*Signature of Parent or Guardian *If you are under the age of 18, a parent or guardian must also sign this statement:			
Ad	Address:			
	City: State: Zip Code			
Ph	Phone:			
E-ľ	E-MAIL ADDRESS:			
sei mo	By completing this form I am authorizing the Court and the Clerk, of Circuit Court to send copies of orders/judgments, notices, or other written communications to me by email. I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.			
Sworn to (or affirmed) and subscribed before me by means of physical presence or notarization, on, by				
	personally known to me OR produced Identification – type of identification provided			
	Notary Public My Commission Expires:			

E-file at: www.myflcourtaccess.com

Mailing Address: Clerk of Court Traffic Division, 201 E. University Ave., Gainesville, FL 32601