

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

State of Florida
v.

Citation Number: _____

***This form cannot be used for
Mandatory Court Citations***

Defendant

PLEA FORM
(NO POINTS AND NO COURT APPEARANCE REQUESTED)

This form will be presented to the presiding Judge, along with the citation against you.

1. I _____ (print name), the Defendant in the above case hereby:
 - Admit to the citation as charged.
 - I am giving up my right to have the case proved against me by testimony or other evidence.
 - I will not be required to appear in court for any hearing (unless this request is denied).
 - My driving record will be considered by the Court (out-of-state drivers are required to submit a current driving record with this form)
 - I am not required to make a statement; however, if I choose to make a written statement below, the Court will take it into consideration in my sentencing.
2. I request this Court sentence me to any of the following:
 - a. Withhold of Adjudication (means no points added to my driving record)
 - b. 4, 8, or 12-hours driving improvement court (at my own expense)
 - c. Court costs and/or fine
3. If the Court DOES accept my request above, I understand that:
 - I will receive a written outcome from the Court.
 - I will have 60 days to complete my sentence and it is my responsibility to provide proof to:
Clerk, of Court Traffic Division, 201 E. University Ave., Gainesville, FL 32601
 - Failure on my part to complete and/or provide proof of all sentencing conditions, may result in the revocation of my driving privileges and/or points assessed to my driver's license.
4. If this Court does NOT accept my request for no points on my driver's license, then the Court will set my case for a hearing, and I will be required to appear. If I fail to appear for the hearing, then my driver's license may be suspended.
5. Defendant's Written Statement [OPTIONAL] (ex: attached proof of insurance, driver's license)

Defendant Signature Date: _____

Signature of Parent or Guardian* Date: _____

*If you are under the age of 18, a parent or guardian must also sign this statement

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____

E-Mail Address: _____

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 e-mail. 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.