

**IN COUNTY COURT
BAY COUNTY, FLORIDA**

DO NOT SIGN THIS AFFIDAVIT UNTIL YOU ARE SURE THAT YOU UNDERSTAND ALL OF THE TERMS OF THE TRAFFIC SCHOOL OPTION. MISUNDERSTANDING COULD RESULT IN THE SUSPENSION OF YOUR DRIVING PRIVILEGES. THERE ARE NO EXTENSIONS AND NO EXCEPTIONS!

AFFIDAVIT

CLERK OF THE COUNTY COURT

BAY COUNTY, FLORIDA

PLAINTIFF

-vs -

DEFENDANT

Case No. _____

Citation No. _____

I elect under FS 318.14(9) to attend a Florida approved driver improvement school (DDS). I understand points will be withheld on my Florida license. I hereby swear as of this date, I have not made this election in the past 12 months, nor have I done so more than five times in my life. I understand that I must provide proof of completion of the course to the Clerk's Office in the county where the citation was **issued within 50 days** of payment. I understand that non-compliance with the above requirements will result in:

1. Suspension of my driver's license.
2. Assessment of points for the citation, and a guilty verdict on all records.
3. Additional payment of civil penalty balance, late fee, processing and clearance fees.
4. Reinstatement of my driver's license will not occur until I present the Driver's License Office a certificate of compliance issued by the Clerk of Court.

Once school election is made, I may not change my mind without contacting the Clerk's Office and paying additional fees! I am responsible to enroll myself in a Florida approved Defensive Driving School. For schools located in your area, please refer to the yellow pages of the phone book under Driving Instruction or for online classes www.flhsmv.gov/ddl/BDIS_providers.html.

**** OUT OF STATE LICENSE HOLDERS:** You should contact the Department of Highway Safety in your state before electing this option. Your licensing State MAY NOT honor this option.

Sworn before me this _____

Defendant's Signature

Deputy Clerk or Notary Public

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