

In the County of Court of the Seventeenth Judicial  
Circuit, in and for Broward County, Florida

AFFIDAVIT

Citation #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Defendant name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Tag #: \_\_\_\_\_ DL #: \_\_\_\_\_

The undersigned does so solemnly swear or affirm:

1. That I have not elected this option within the past twelve (12) months, or more than three times in my lifetime, I have not elected, in lieu of fine or court appearance, to enter a plea of no contest to the Clerk of Court, pursuant to F.S. 318.14 (10)(A).
  - a. Operation of a motor vehicle without a valid operator's chauffeur's license.
  - b. Operation of a motor vehicle with a license which was suspended for any of the following: Failure to appear in court, Failure to pay civil penalty, or Failure to attend a driver improvement course.
  - c. Operation of a motor vehicle without a valid, unexpired registration in my possession, (or)
  - d. Operation of a motor vehicle without proof of insurance.
2. That I am pleading no contest to the charges (s) listed in the above numbered citation (s) and will provide proof of compliance to the Clerk of Court prior to the scheduled court appearance date. I shall also pay the proper amount of court costs.
3. That in return for my plea of no contest and proof of compliance, adjudication shall be withheld.
4. That I am aware that I may be in **Contempt of Court or Committing Perjury**, if any of the above is false.

\_\_\_\_\_  
Defendant's signature

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

Clerk of the Circuit and County Court  
Of Broward County, Florida

By: \_\_\_\_\_  
Deputy Clerk or Notary Public

Date and time: \_\_\_\_\_

I have verified the above person's identity by the examination of picture identification.

In accordance with the American's with Disabilities Act of 1990 (ADA), Disabled person who, because of their disabilities, need special accommodation to participate in the proceeding should contact the ADA coordinator at the indicated address not later than Five (5) business days prior to such proceeding. Telephone: Voice/TDD 954-831-6243