

IN THE COUNTY COURT, IN AND FOR SEMINOLE COUNTY, FLORIDA

NAME _____ CITATION/CASE NO. _____

TRAFFIC SCHOOL AFFIDAVIT

The undersigned does hereby swear or affirm that, subject to the penalty of perjury and possible contempt of court, as of this date I do not hold a commercial driver’s license; and, I have not elected, as is set out in Section 318.14(9), Florida Statutes, within the preceding twelve (12) months, nor more than five (5) times in my lifetime, to attend a Driver Improvement Course.

Further, I elect to attend a Driver Improvement Course approved by the State of Florida and shall provide proof of compliance of the Driver Improvement Course to the Clerk of the Courts, Seminole/_____ County, Traffic Violations Bureau, within sixty (60) days as indicated in the instructions below.

Defendant's Signature

Sworn before me this _____ day
of _____, _____.

Notary Public/Deputy Clerk

ID Number: _____

My Commission Expires: _____

INSTRUCTIONS FOR TRAFFIC SCHOOL

Traffic School classes are available throughout the State of Florida. **Immediate registration is mandatory as classes fill rapidly.**

When you have completed the course, **YOU MUST** present your certificate of completion of traffic school to the Clerk of the Courts office **IN PERSON** on or before _____. There will be no extensions.

YOU ARE RESPONSIBLE. Mailing does not qualify as presenting proof unless you have a signed receipt from the post office.

FAILURE TO COMPLY SHALL RESULT IN THE FOLLOWING:

1. Immediate suspension of your driver's license - no further notice given.
2. Forfeiture of your one (1) election within twelve (12) months to attend traffic school.
3. Forfeiture of costs paid.
4. Forfeiture of the tuition to the traffic school.
5. Assessment of the original civil penalty (fine).
6. Assessment of the statutory delinquency fees.
7. Assessment of points on your driving record.

PLEASE NOTE: This ticket may show on your driving record! Election of this option may or may not affect your insurance rates. This is at the discretion of your insurance company.