

Nadia K. Daughtrey, Clerk of Courts

DeSoto County

115 East Oak Street

Arcadia FL 34266

Phone: (863) 993-4876

8:00am - 5:00pm

Fax: (863) 993-4669

**YOU MUST RESPOND TO YOUR CITATION WITHIN 30 DAYS OF ISSUANCE FAILURE TO COMPLY COULD
RESULT IN THE SUSPENSION OF DRIVING PRIVILEGE**

Personal check (include phone number), Money Order and Credit Cards (3.5% processing fee) accepted.

Pay online at www.myfloridacounty.com

Please Initial one:

_____ OPTION 1: PAY CIVIL PENALTY. POINTS WILL BE ASSESSED IF APPLICABLE. NON-FLORIDA LICENSE
PLEASE CONTACT YOUR DMV IN YOUR STATE FOR MORE INFORMATION.

_____ OPTION 2: REQUEST A HEARING BEFORE THE COUNTY JUDGE. PRE-PLEA CONFERENCE

EMAIL: _____ PHONE # (_____) _____

_____ OPTION 3: ELECT DRIVING SCHOOL, IF ELIGIBLE (check DL at www.flhsmv.gov/dlcheck)

*CDL DRIVERS ARE **NOT** ELIGIBLE TO ELECT SCHOOL

RETURN THE SIGNED SCHOOL OPTION AFFIDAVIT TO THE CLERK **WITH THE PROPER PAYMENT** AS LISTED
ON THE OTHER SIDE OF THIS FORM.

SCHOOL OPTION AFFIDAVIT

- I have **NOT** made an election in the past twelve months or made five lifetime elections.
- I do **NOT** hold a class A, B, or C commercial driver license.
- I will complete an approved 4 hour Florida Basic Driver Improvement Class (BDI) and return the Certificate of Completion to the Clerk's Office by Mail, Fax, or Email within ninety days of making this election.
- I understand that failure to comply with these conditions will result in the suspension of my driving privilege and points will be assessed (additional fees will apply)

Name: _____ Citation number: _____

Signature: _____ Date: _____

RETURN YOUR CERTIFICATE OF COMPLETION BY: **Mail, Fax or Email** DUE DATE: _____

Mailing address: Clerk of Court

or **Fax:** _____ or

Email: (pick one)

Traffic Division

(863) 993-4669

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115 East Oak ST

hvest@desotoclerk.com

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