

Nadia K. Daughtrey, Clerk of Courts

DeSoto County

115 East Oak Street

Arcadia FL 34266

Phone: (863) 993-4876

8:30am - 4:30pm

Fax: (863) 993-4669

YOU MUST RESPOND TO YOUR CITATION WITHIN 30 DAYS OF ISSUANCE. FAILURE TO COMPLY WILL 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

_____ **OPTION 1: PAY CIVIL PENALTY.** Call for payment plan options. Points will be assessed for all moving infractions.

_____ **OPTION 2: REQUEST A HEARING** before the County Judge

EMAIL: _____ PHONE #_(_____)_____

_____ **OPTION 3: ELECT DRIVING SCHOOL** -CDL drivers will need to motion the court to withhold adjudication; all others can check eligibility at www.flhsmv.gov/dlcheck.

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:

Traffic Division

(863) 993-4669

hvest@desotoclerk.com

115 East Oak ST

traffic@desotoclerk.com

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