IN THE DESOTO COUNTY COURT, IN AND FOR THE TWELFTH JUDICIAL CIRCUIT, STATE OF FLORIDA

STATE OF FLORIDA	
Plaintiff,	CASE NO.:
vs.	
	CITATION NO.:
Defendant.	DL NO.:
	OF DEFENSE OR AIVER OF APPEARANCE
Before me personally appearedcause, who after first being placed under oath,	, the Defendant in this , swears, or affirms as follows:
1. My name, address, and telephone	e number are:
Name:	
Address:	
Telephone No.:	
	referenced case and am charged with the following understand them to be.)
[Note: This is not an admission that yo	ou violated any law.]
3. Place your initials on only one as	s your plea:
defense as my sworn statement herein. I unde supply any further statement. I understand t appearance and the judge will have to make	GUILTY and file this affidavit of erstand that when I plead not guilty, I do not have to that by my filing this affidavit, I am waiving my a decision as to whether I committed the alleged ases, other evidence, and my statement. I understand thearing of this matter.
happened and as a statement that the hearing sentence. I understand that I am not required t	TY and file this affidavit as an explanation of what officer or judge can consider before pronouncing at to make any statement. I understand that the hearing sentence and decide whether to adjudicate me guilty.

I hereby plead NO CONTEST and file this affidavit as an explanation of
what happened and as a statement that the hearing officer or judge can consider before pronouncing a sentence. By pleading no contest, I understand that I am not admitting or denying that the infraction was committed but do not contest the charges, and I understand that I may be sentenced and found guilty even though I entered a plea of no contest. I understand that I am not required to make any statement. I understand that the hearing officer or judge will determine any appropriate sentence and decide whether to adjudicate me guilty.
4. Defendant's Statement: (additional papers, documents, photos, etc. can be attached but should be mentioned herein).
I understand that any material misrepresentation could cause me to be prosecuted for a separate criminal law violation.
Affiant/Defendant
5. If the Court rejects my AFFIDAVIT OF DEFENSE OR ADMISSION AND WAIVER OF APPEARANCE, I wish to (check one):
Pay the civil penalty within 30 days from the date of the Court's ruling;
Pay the school civil penalty within 30 days of the Court's ruling and complete defensive driving school within 60 days of the Court's ruling. I certify that I am eligible to elect to attend the defensive driving school; or
Request a court date.

COUNTY OF
Sworn to (or affirmed) and subscribed before me by means of \Box physical presence or \Box online notarization, this day of, 2023, by
(Signature of Notary Public – State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
Type of Identification Produced
(Seal)
NOTE: It is your responsibility to make sure this affidavit is in the court file before the hearing date. If Affiant/Defendant is under the age of 18, a parent or guardian must sign this affidavit:
Parent or Guardian

NOTICE

You must send the completed document via electronic mail to the CLERK OF THE CIRCUIT COURT-TRAFFIC DIVISION at traffic@desotoclerk.com.

Desoto County Clerk of Court- Traffic Division 115 East Oak Street Arcadia, FL 34266

IMPORTANT: DO NOT SEND THIS DOCUMENT TO THE JUDGE'S OFFICE.