



JOSEPH E. SMITH
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ST. LUCIE COUNTY, FLORIDA
TRAFFIC DEPARTMENT
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In the Circuit Court,
Nineteenth Judicial Circuit,
in and for County of St. Lucie,
State of Florida

AFFIDAVIT OF DEFENSE OR ADMISSION AND WAIVER OF APPEARANCE

Name: _____

Case No. _____

Citation No. _____

Driver's Lic. No. _____

Before me, personally appeared, _____, who swears or affirms as follows:

1. My name, address and telephone number are:

Name: _____

Address: _____

Telephone number: _____

2. I am the defendant in the above referenced case and am charged with the following violation(s): (List the charges, as you understand them)

(NOTE: This is not an admission that you violated any law.)

3. Choose and mark **only one** as your plea:

I hereby plead **NOT GUILTY** and file this affidavit of defense as my sworn statement herein. I understand that when I plead not guilty, I do not have to supply any further statement. I understand that by my filing this affidavit, the hearing officer or judge will have to make a decision as to whether I committed the alleged violation by the sworn testimony of the witnesses, other evidence, and my statement. I understand that I am waiving my personal appearance at the final hearing of this matter.

I hereby plead **GUILTY** 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. I understand that I am not required to make any statement. I understand that the hearing officer or judge will determine the appropriate 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 charge(s), 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.

AFFIDAVIT OF DEFENSE

4. Defendant's Statement: (additional papers, documents, photos, etc. can be attached but should be mentioned here)

I understand that any material misrepresentation could cause me to be prosecuted for a separate criminal law violation.

Affiant/Defendant

Sworn to (or affirmed) and subscribed before me,
The undersigned authority, on _____.

Personally known or Produced identification

Typed of ID produced _____

Notary Public, Deputy Clerk or other authority

Name: _____

Commission Number: _____

My Commission Expires: _____

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Corrie Johnson, 250 NW Country Club Drive Port St. Lucie, Florida 34986 (772) 807-4370, ADA@circuit19.org at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.