

STATE OF FLORIDA, IN THE COUNTY COURT

STATE OF FLORIDA

Plaintiff

Case Number: _____

vs.

Driver's License Number: _____

Defendant

Citation Number: _____

PLEA OF NOT GUILTY AND REQUEST FOR HEARING

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

1. My name, address, and telephone number are:

Name: _____

Address: _____

Telephone No: _____

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. I hereby plead NOT GUILTY AND I REQUEST A HEARING I will either:
(choose only one of the below options).

A. _____ I WILL appear in person (or virtually, if available in your jurisdiction) for the hearing.

B. _____ I WILL submit a sworn statement of defense and I WILL NOT appear at the requested hearing (please complete paragraph 4 below);

C. _____ I WILL NOT submit a sworn statement of defense and I WILL NOT appear at the requested hearing.

4. Defendant's Sworn Statement of Defense: If you selected 3.B. (above), you may explain what happened in your own words in this section and attach any additional papers, documents, photos, etc. Once you submit this statement, it will be considered by the hearing officer or judge.

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

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

{If you need additional space for statement please continue on back of paper.}

/s/ _____
Affiant/Defendant

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

Personally known ____ Produced identification ____

Type of ID produced _____

/s/ _____
Notary Public, Deputy Clerk, or other authority

Name: _____

Commission No: _____

My Commission Expires: _____

NOTE: It is the Affiant/Defendant's responsibility to make sure this affidavit is provided to the clerk of court no less than 5 business days before the hearing date for this affidavit to be considered by the hearing officer or judge.

If Affiant/Defendant is under the age of 18, a parent or guardian must sign this affidavit:

Parent or Guardian