

## DRIVER IMPROVEMENT SCHOOL AFFIDAVIT

Name \_\_\_\_\_ Citation # \_\_\_\_\_

Address \_\_\_\_\_ Violation \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**(Holders of a CDL License or an offense of Unlawful Speed 30 mph over the posted speed CANNOT elect Driving School)**

I elect under FS 318.14(9) to attend a driver improvement school (DDS) approved by the State of Florida DHSMV in lieu of a court appearance. I understand points will be withheld on my license. I hereby swear as of this date, I have not made this election in the last 12 months, nor have I done so more than five times in my lifetime, and I do not hold a CDL license. I understand that I must provide proof of completion of the course to the Clerk's office within ninety (90) days of this date. I understand that non-compliance with the above requirements will result in:

1. Suspension of my driver's license.
2. Assessment of points for the citation, and a guilty verdict on all records.
3. Additional payment of late, processing and clearance fees.
4. Reinstatement of my driver's license will not occur until I present the Driver's License Office a certificate of compliance issued by the Clerk's Office.

Defendant's Signature

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