

**RICHARD M. WEISS, CLERK
CIRCUIT AND COUNTY COURTS**

County Court
Criminal Division
P.O. Box 9000
Drawer CC-10
Bartow, FL 33831-9000
Phone: 863-534-4446
Fax: 863-534-4137

Lakeland
Branch Courthouse
Polk County Gov't. Center
930 E. Parker St., Room 240
Lakeland, FL 33801
Phone: 863-603-6412
Fax: 863-603-6633

Northeast
Branch Courthouse
Polk County Gov't. Center
3425 Lake Alfred Rd.
Winter Haven, FL 33881
Phone: 863-401-2400
Fax: 863-401-2404

AFFIDAVIT, ELECTION & ASSIGNMENT FOR DRIVER IMPROVEMENT SCHOOL FOR A CIVIL INFRACTION AS PER F.S. 318.14 (9) (a)

Case Number: _____

Citation Number: _____

AFFIDAVIT

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT AS OF THIS DATE, I _____

1. HAVE ELECTED TO ATTEND A DRIVER IMPROVEMENT SCHOOL **APPROVED** BY THE STATE OF FLORIDA.
2. HAVE NOT ELECTED TO ATTEND A DRIVER IMPROVEMENT SCHOOL WITHIN THE PAST TWELVE (12) MONTHS.
3. HAVE NOT ELECTED TO ATTEND A DRIVER IMPROVEMENT SCHOOL MORE THAN FIVE (5) TIMES IN TEN (10) YEARS.
4. DO NOT POSSESS A COMMERCIAL LICENSE.
5. UNDERSTAND THAT NOT ATTENDING THE DRIVER IMPROVEMENT SCHOOL WILL RESULT IN A SUSPENSION OF MY DRIVER'S LICENSE AND ADDITIONAL FEES WILL BE INCURRED.
6. UNDERSTAND THAT I HAVE BEEN GIVEN **NINETY (90) DAYS FROM TODAY IN WHICH TO REGISTER, COMPLETE THE CLASS AND RETURN MY CERTIFICATE OF COMPLETION TO THE CLERK.** FAILING TO COMPLETE THE COURSE OR PROVIDE PROOF OF COMPLETION **WITHIN 90 DAYS** WILL REQUIRE THE CLERK'S OFFICE TO SUSPEND MY DRIVING PRIVILEGE, ASSESS AN ADDITIONAL CIVIL PENALTY, **IMPOSE DELINQUENCY FEES, AND IMPOSE POINTS** AGAINST MY LICENSE. **IN ADDITION, A REINSTATEMENT FEE WILL BE REQUIRED TO HAVE MY DRIVING PRIVILEGE REINSTATED. I FURTHER UNDERSTAND THAT THE ABOVE INFORMATION PERTAINS TO POLK COUNTY ONLY, AND THAT OTHER COUNTIES MAY HAVE DIFFERENT REQUIREMENTS.**

I UNDERSTAND MY OBLIGATION AND THE RESULTING PENALTY FOR FAILURE TO COMPLY, AND I HEREBY ACKNOWLEDGE RECEIPT OF THE FOREGOING INFORMATION SHEET THIS _____ DAY OF _____, 20_____

DEFENDANT'S SIGNATURE

The forgoing instrument was acknowledged before me this _____ of _____, 20_____, who is personally known to me or has produced _____ as identification and who _____ did or _____ did not take an oath.

By: _____
DEPUTY CLERK or NOTARY PUBLIC

You must submit this form with proper payment for your violation on or before your payment due date.