IN THE COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT, IN AND FOR COLLIER COUNTY, FLORIDA

STATE OF FLORIDA		TRAFFIC DIVISION	
Vs.		CASE#	
		CITATION #	
Driver's Lic	cense #:		
AFFI	IDAVIT OF DEFENSE OR ADM	ISSION AND WAIVER OF APPEARANCE	
	fore me, personally appearedoath, swears or affirms as follows:	, who after first being	
1.	My name, address, and telephone number are:		
	Name:		
	Address:		
	Telephone No:		
2.	I am the defendant in the above-reference the charges as you understand them to be	m the defendant in the above-referenced case and am charged with the following violation(s): (List charges as you understand them to be.)	
	(NOTE: This is not an admission that you violated any law.)		
3.	Check only one as your plea:		
	I hereby plead NOT GUILTY and file this affidavit of defense as my sworn statement herein. 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.		
	statement that the hearing officer of understand that I am not required to	nis affidavit as an explanation of what happened and as a judge can consider before pronouncing a sentence. I make any statement. I understand that the hearing officer or esentence and decide whether to adjudicate me guilty.	
	a statement that the hearing officer of pleading no contest, I understand the committed but do not contest the ch guilty even though I entered a plea of	If file this affidavit as an explanation of what happened and as or judge can consider before pronouncing a sentence. By at I am not admitting or denying that the infraction was arges, and I understand that I may be sentenced and found of no contest. I understand that I am not required to make any ring officer or judge will determine any appropriate sentence equilty.	

4. Defendant's Statement: (additional papers, documentioned herein).	nents, photos, etc. can be attached but should be
I understand that any material misrepresentation could law violation.	d cause me to be prosecuted for a separate criminal
/s/	Affiant/Defendant
Sworn to (or affirmed) and subscribed before me, The undersigned authority, on	
Personally known Produced identification Type of ID produced	-
/s/	_
NAME:	_
NOTE: It is your responsibility to make sure this affid	
If Affiant/Defendant is under the age of 18, a parent of	or guardian must sign this affidavit:
	Parent or Guardian

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 the Administrative Services manager whose office is located at 3301 East Tamiami Trail, Building L, Naples, Florida 34112, and whose telephone number is (239) 774-8800, within two working days of your receipt of this Affidavit of Defense; if you are hearing or voice impaired, call 1-800-955-8771.