

Cheryl Strickland  
Clerk of Courts



George Lareau  
Chief Deputy

St. Johns County Clerk Of Courts  
4010 Lewis Speedway, Saint Augustine, Florida 32084

Phone 904-819-3628 Fax 904-819-3691 Web Site Address [www.sjccoc.us](http://www.sjccoc.us)

## OPTION FORM

Florida Law allows you thirty (30) calendar days from the date you receive your citation to comply. St Johns County gives you 60 additional days to select ONE of the following options and pay your citation. Carefully read the front and back of this form before selecting your option. You may also pay your fine or elect Driver Improvement School (if eligible) within 30 days by accessing <http://myfloridacounty.com>

**IMPORTANT: YOU MUST SIGN THE BACK OF THIS FORM AND CHECK ONE OPTION.**

- OPTION 1. PAY FINE/ACCEPT POINTS** (*points will be assessed on moving violations*) Please refer to fee listing or call the Clerks Office. Traffic School may not be elected/attended at a later date once you choose this option therefore we suggest that you verify that driver improvement school is not the option you wish to elect.
- OPTION 2. REQUEST COURT APPEARANCE:** By electing this option, you will be issued a court date and waive your right to pay the fine or elect traffic school. THE COURT MAY IMPOSE A FINE OF UP TO \$500. CASES OF UNLAWFUL SPEED IN A SCHOOL ZONE/ CONSTRUCTION ZONE, ACCIDENT INVOLVING DEATH OR CERTAIN MOTORCYCLE VIOLATIONS WILL ENABLE THE COURT TO IMPOSE A FINE FROM \$1,000 TO \$2060. THE COURT MAY ALSO ORDER YOU TO ATTEND DRIVER IMPROVEMENT SCHOOL *If Florida is not your licensed state you must provide the Clerk=s Office with a printout of your Driving Record.* If you are unable to attend a court date in St. Johns County due to residing out of the state of Florida, then you may file an Affidavit of Defense in lieu of your appearance.
- Please check this box if an Affidavit of Defense is needed.

**\*\*\*\*\*IF YOUR PAYMENT AND OPTION FORM ARE NOT RECEIVED IN OUR OFFICE BY YOUR DUE DATE YOU WILL NOT BE ABLE TO ELECT DRIVER IMPROVEMENT SCHOOL. LATE FEES WILL BE ASSESSED AND YOUR LICENSE WILL BE SUSPENDED\*\*\*\*\***

**STOP: YOU CANNOT ELECT THE BELOW OPTION IF YOU HOLD A COMMERCIAL DRIVERS LICENSE OR IF YOU WERE CITED FOR SPEEDING 30 MPH OR MORE OVER THE POSTED SPEED LIMIT.**

- OPTION 3. PAY FINE/ELECT TRAFFIC SCHOOL** (*no points assessed if all conditions are followed*): Effective 02/01/09 the State no longer grants a reduction in the fine when school is elected. Please refer to the fee listing or call the Clerk's Office. Consult the yellow pages under ADriving Instruction@, the Internet or local video stores for available State of Florida approved Driver schools. Take a copy of your citation and a copy of this form when you enroll in school. Please do not call the Clerks Office for phone numbers or web sites; we are not permitted to endorse individual schools. Out of State residents/DL holders, please contact your local DMV to verify if attendance of a Florida Approved Driver School will withhold points.

### DRIVER IMPROVEMENT AFFIDAVIT - Conditions for Election of Traffic School

- ⊗ Have not elected traffic school within the past 12 months.
- ⊗ Have not elected traffic school five (5) times within your lifetime.
- ⊗ Attend an approved traffic school within the State of Florida only.
- ⊗ Certificate of School Completion must be presented to the St Johns County Clerk within sixty (60) days of the signature date on this form. (Your responsibility, not the schools)
- ⊗ Failure to comply with any of these instructions shall result in additional fees, license suspension and the points being assessed to your driving record.
- ⊗ Cannot elect this option if you hold a Commercial Drivers License or if cited for speeding 30 or more miles over the posted speed limit.

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I, (**PRINT NAME HERE**) \_\_\_\_\_, hereby elect the option marked above for disposition of this traffic citation. I understand this option **MAY NOT BE CHANGED AFTER THIS FORM AND PAYMENT ARE RECEIVED BY THE CLERK OF COURT, ST JOHNS COUNTY, FLORIDA.**

Defendant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

PHONE: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Email Address \_\_\_\_\_

(When electing a court date, please make sure you list your daytime phone number so we may call you if your case must be reset.)

Citation No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Violations for Tag/Registration, Driver License and Insurance; Florida Statutes: 320.0605, 322.15(1) & 316.646(1):**

If your offense was in one of these areas, you must provide a copy of the **VALID** item along with your payment. If the item was valid at the time the citation was issued, remit **\$10.00 with your copy.**

If the item was not valid at the time of citation, remit full fine along with a copy of the valid reg/insur/dl or if you cannot provide a copy, enclose a statement of why you cannot send in proof of the valid item and a notarized signature.

Renewing these items does not constitute a dismissal, the full fine is assessed by law. **These are non-moving violations which will not assess points. Please check option 1 if you wish to pay fine or option 2 if wish to make a court date.**

**This office will accept payment made by personal check, money order, cashiers check or credit card, do not pay by cash through the mail.**

*Make payable to Cheryl Strickland, Clerk of the Court*

\*\*If you wish to pay your fee by credit card, please go to <http://myfloridacounty.com> within the first 30 days of your citation only or fill out the following information. Please print and mail to the Clerks Office at 4010 Lewis Speedway, St Augustine Florida, 32084, ATTN: Traffic.

\*\*\*\*Please include copy of Drivers License or other picture I.D. of cardholder\*\*\*\*

**CREDIT CARD AUTHORIZATION FORM (VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS)**

I hereby authorize the St. Johns County Clerk of the Circuit Court to charge my:

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SECURITY CODE LISTED ON THE BACK OF YOUR CREDIT CARD \_\_\_\_\_

CARDHOLDER=S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

AMOUNT TO BE CHARGED \_\_\_\_\_

CITATION/CASE NUMBER \_\_\_\_\_

CARDHOLDERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

