

IN THE COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

State of Florida

Citation Number: _____

vs

_____,
Defendant,
DL# _____

**A MANDATORY COURT HEARING IS
REQUIRED FOR: PASS SCHOOL BUS;
ACCIDENT INVOLVING DEATH OR
SERIOUS BODILY INJURY; VEHICLE
DROPPING LOAD; OR SPEEDING MORE
THAN 30 MILES OVER POSTED LIMIT**

PLEA OF NOT GUILTY AND REQUEST FOR HEARING

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

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

Name _____

Address: _____

Telephone: _____ E-Mail Address: _____

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).

Citation Charge: _____

[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; OR

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

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.

By completing this form, I am designating the above email address required to be provided under Fla. R. Gen. Prac. & Jud. Admin 2.516(b)(1)(C) (requiring all parties to receive service by email) as the email address to be used by the Court and the Clerk of Court to send copies of orders/judgments, notices or other written communications to me.

Signature of Affiant/Defendant

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization on _____, by _____ (defendant's name), who is ____ personally known to me OR ____ produced Identification – type of identification provided _____

Notary Public, Deputy Clerk, or other authority
My Commission Expires:

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

Parent or Guardian

E-file at: www.myflcourtaccess.com

Mailing Address: Clerk of Court Traffic Division
201 E. University Ave
Gainesville, FL 32601