

**-IN THE COUNTY COURT, IN AND FOR COLLIER COUNTY, FLORIDA**

«Date»

«Name»

«Address»

«City»

Citation #: «Citation\_No»

Case #: «Case\_No»

Dear «Name»,

In lieu of appearing in court on «Due\_Date», you may complete the enclosed Affidavit of Defense. It is your responsibility to make sure this affidavit is in the court file by 5:00 p.m. the day prior to the hearing date. Attach any evidence pertaining to your defense that would aid the Judge in making a fair decision. The officer who issued the citation and any witnesses will appear before the Judge to give testimony. You will be notified by mail when the Judge has forwarded the disposition to our office.

If you decide not to return the Affidavit of Defense, you must appear on the above-mentioned date. Failure to return the affidavit or appear in court will result in the case being heard by the Judge in your absence.

Contact our office at (239) 252-8105 if you have any questions regarding this matter.

**IN THE COUNTY COURT, IN AN FOR COLLIER COUNTY, FLORIDA**

NAME: «Name»

CITATION #: «Citation\_No»

DRIVER'S LICENSE #: \_\_\_\_\_

CASE #: \_\_\_\_\_

**AFFIDAVIT OF DEFENSE OR ADMISSION AND WAIVER OF APPEARANCE**

Before me, personally appeared \_\_\_\_\_, who after first being placed under oath, swears or affirms as follows:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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 to be.)

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**[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. I 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.
- I hereby plead GUILTY** and file this affidavit as an explanation of what happened and as a statement that the hearing officer or judge can consider before pronouncing a sentence. I understand that I am not required to make any statement. I understand that the hearing officer or judge will determine the appropriate sentence and decide whether to adjudicate me guilty.
- I hereby plead NO CONTEST** and file this affidavit as an explanation of what happened and as a statement that the hearing officer or judge can consider before pronouncing a sentence. By pleading no contest, I understand that I am not admitting or denying that the infraction was committed but do not contest the charges, and I understand that I may be sentenced and found guilty even though I entered a plea of no contest. I understand that I am not required to make any statement. I understand that the hearing officer or judge will determine any appropriate sentence and decide whether to adjudicate me guilty.

- 4. Defendant's Statement: (additional papers, documents, photos, etc. can be attached but should be mentioned herein).

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I understand that any material misrepresentation could cause me to be prosecuted for a separate criminal law violation.

/s/ \_\_\_\_\_  
Affiant/Defendant

Sworn to (or affirmed) and subscribed before me, the undersigned authority, on \_\_\_\_\_.

Personally known  Produced identification   
Type of ID produced \_\_\_\_\_

/s/ \_\_\_\_\_  
Notary Public, Deputy Clerk, or other authority

NAME: \_\_\_\_\_  
Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTE: It is your responsibility to make sure this affidavit is in the court file before the hearing date.

If Affiant/Defendant is under the age of 18, a parent 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 Court Administration Services manager whose office is located at 3315 Tamiami Trail East, Building L, Naples, Florida 34112, at (239) 252-8800, within two working days of your receipt of this Affidavit of defense. If you are hearing or voice impaired, call 1-800-955-8771.