

**CLERK OF COUNTY COURT - HERNANDO COUNTY, FLORIDA
20 N. Main Street, Room 217, Brooksville, FL 34601**

Name _____ Citation # _____
Address _____ Violation _____
_____ Date _____

DRIVER IMPROVEMENT SCHOOL AFFIDAVIT

*(Holders of a CDL License or
an offense of Unlawful Speed 30 mph over the posted speed
CANNOT elect Driving School)*

I elect under FS 318.14(9) to attend a driver improvement school (DDS) approved by the State of Florida DHSMV, in lieu of full civil penalty or court appearance. I understand points will be withheld on my license. I hereby swear as of this date, I have not made this election in the last 12 months, nor have I done so more than five times in my lifetime, and I do not hold a CDL license. I understand that I must provide proof of completion of the course within ninety (90) days of this date.
I understand that non-compliance with the above requirements will result in:

1. Suspension of my driver's license.
2. Assessment of points for the citation, and a guilty verdict on all records.
3. Additional payment of late, processing and clearance fees.
4. Reinstatement of my driver's license will not occur until I present the Driver's License Office a certificate of compliance issued by the Clerk's Office.

Defendant's Signature

**Your original fine amount and an additional \$7.00 affidavit fee
must be included with this form.**