IN THE COUNTY COURT,
INDIAN RIVER COUNTY, FLORIDA

STATE OF FLORIDA
Plaintiff,

CASE NO.: _____

vs.

CITATION NO.: _____

_____,
Defendant.

DRIVER'S LICENSE NO.:
_____

PLEA OF GUILTY / NO CONTEST AND NO REQUEST FOR HEARING

Before me personally appeared _____, who swears and 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.)
_____
_____
_____
[Note: This is not an admission that you violated any law.]

3. **I hereby plead NO CONTEST or GUILTY and I DO NOT REQUEST A HEARING.** I understand that I may file this statement as an explanation of what happened and that the hearing officer or judge can consider this statement before pronouncing a sentence, but I am not required to make any statement. By pleading no contest, I understand that I am not admitting or denying that the infraction was committed but do not contest the charge(s), and I understand that I may be sentenced and found guilty even though I entered a plea of no contest. I understand that the hearing officer or judge

will determine any appropriate sentence and decide whether to adjudicate me guilty. I am waiving my appearance at a hearing.

4. Defendant's Statement: (additional papers, documents, photos, etc. can be attached but should be mentioned here). If you choose, you may e xplain what happened in your own words in this section. Once you submit th is statement, it will be considered by the hearing officer or judge.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. I understand that this statement and explanation is voluntary and is not required of me. I am choosing to submit this statement without the advice of a lawyer. I understand that this form must be notarized before it is submitted and accepted by the Court. I understand that once this form is submitted, this matter will not be set for additional hearings, unless requested by the State of Florida or the Court. I understand that if I am found to have committed this violation, there have been no promises regarding which sentence I will receive.

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

/s/ _____
Signature of 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 the Affiant/Defendant's responsibility to make sure this affidavit is provided to the clerk of court no less than 5 business days before the hearing date for this affidavit to be considered by the hearing officer or judge.

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

_____
Parent or Guardian