

IN THE COUNTY COURT,  
INDIAN RIVER COUNTY, FLORIDA

STATE OF FLORIDA  
Plaintiff,

vs.

CASE NO.: \_\_\_\_\_

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 explain what happened in your own words in this section. Once you submit this statement, it will be considered by the hearing officer or judge.

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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