IN THE COUNTY COURT,
INDIAN RIVER COUNTY, FLORIDA

STATE OF FLORIDA
Plaintiff,

CASE NO.: _____

vs.

CITATION NO.: _____

_____,
Defendant.

DRIVER'S LICENSE NO.:
_____

**PLEA OF NOT GUILTY AND 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.: _____
Email:_____

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 NOT GUILTY and I REQUEST A HEARING. I will either: (choose only one of the below options)**

**A. ☐ I WILL appear in person 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.

***/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