



Kelvin Soto, Esq.
Clerk of the Circuit Court & County Comptroller
Osceola County, Florida

AFFIDAVIT OF DEFENSE INSTRUCTIONS

Please be advised of the following:

In lieu of appearing in court on your scheduled date, you may complete the enclosed Affidavit of Defense. The affidavit must be notarized and accompanied by a bond of up to \$533.00 (Please contact the Clerk's Office for exact amount). The bond must be in the form of a certified check or money order made payable to the Osceola County Clerk of Court. The funds must be in U.S. dollars and drawn on an U.S. bank. **No personal checks are accepted.** It is your responsibility to ensure this notarized affidavit and bond is in the court file no later than 72 hours prior to the hearing. Attach any evidence pertaining to your defense that could aid the Court in making a fair decision. The officer who issued the citation and any witnesses will appear before the Court to give testimony. Your affidavit will be read in open court. At the conclusion of the hearing, if you are found guilty, the bond will be applied to the fines/costs ordered by the Court. Alternatively, if you are found not guilty, a refund check will be mailed to the address in the court file. It is your responsibility to ensure the Clerk's Office has your most recent address. You will be notified by mail of the disposition of your case.

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 Court in your absence. Additional fees may apply.

Contact our office at (407) 742-3566 if you have any questions regarding this matter.

Please note: The acceptance of your affidavit is at the courts discretion. If you are found guilty of the infraction, a civil fine not exceeding \$500 and/or attendance of a driver improvement course may be imposed.

**Osceola Clerk of Circuit Court - Traffic Division
2 Courthouse Square, Kissimmee, FL 34741 • 407-742-3566**

**IN THE COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR OSCEOLA COUNTY, FLORIDA**

NAME: _____ Citation #: _____

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 address and telephone number are:

Name: _____

Address: _____

Telephone Number: _____

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.)

[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.

CASE #: _____ AFFIDAVIT OF DEFENSE

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

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
no later than 72 hours prior to 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 ADA Coordinator, Court Administration, Osceola County Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, Florida, (407) 742-2417, within 2 days of your receipt of this order at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Please return this completed form, along with your certified check or money order to:

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