

# AFFIDAVIT OF NON-COMPLIANCE

This form is used by persons who cannot provide proof of valid registration or insurance. Statutory fees will apply.

STATE OF FLORIDA

Case Number \_\_\_\_\_

Vs

Citation No. \_\_\_\_\_

Defendant

DL State & No. \_\_\_\_\_

Address: \_\_\_\_\_

The citation(s) listed above was issued for failure to provide proof of:

- Insurance
- Vehicle Registration

Pursuant to FS 316.646, 318.14, 318.18, and 320.07 the above mentioned citation requires proof of compliance.

Under penalty of perjury, I, the undersigned, do hereby swear or affirm that the below selected statement is true and accurate.

- The vehicle was sold, stolen, or destroyed.
- I am not the owner of the vehicle; therefore, I am not required to maintain insurance.
- I am not the owner of the vehicle and am unable to obtain a copy of the registration.
- The state in which the vehicle is registered does not issue a certificate of registration.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IMPORTANT! It is entirely your responsibility to determine if this affidavit has been approved. If not approved, this could result in suspension of your driving privileges.

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

\_\_\_\_\_  
Defendant's Signature / Date

By \_\_\_\_\_  
Deputy Clerk / Date

- ( ) THIS IS AN ACCEPTABLE AFFIDAVIT
- ( ) THIS IS NOT AN ACCEPTABLE AFFIDAVIT

\_\_\_\_\_  
Judge's Signature / Date

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| <p><b><u>This form must be notarized OR signed in the presence of a deputy clerk</u></b></p> <p>The foregoing document was acknowledged before me<br/>         this _____ day of _____, 20____<br/>         by _____<br/>         _____<br/> <input type="checkbox"/> who is personally known to me or<br/> <input type="checkbox"/> has produced _____<br/>         as identification.</p> <p>_____<br/>         Notary Public State of Florida</p> |
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**RETURN COMPLETED NOTICE TO:**

rev 5/04/26

KELVIN SOTO, ESQ., CLERK OF THE CIRCUIT COURT & COUNTY COMPTROLLER  
OSCEOLA COUNTY, FLORIDA