

TRAFFIC SCHOOL AFFIDAVIT

This form is used by persons who wish to select the Traffic School Option in lieu of having points assessed to their driving record.

NAME _____ CITATION NO. _____

FOR OFFICE USE ONLY:

DEADLINE DATE FOR COMPLETION: _____

By choosing this option, I waive all rights concerning a speedy trial. Pursuant to F.S. 318.14(9), to be eligible for the Driver Improvement School option:

- You must pay the civil penalty, **in full**, within 30 calendar days of the receipt of your citation.
- This election may only be made once in a 12-month period and no more than 8 times in your lifetime.
- **Effective 07/01/05, you may not hold a commercial motor vehicle license (CDL).**

You must enroll with a school of your choice, within the State of Florida. **I understand the course completion certificate must be completed and received by the Osceola County Clerk's Office within 90 calendar days of payment.** If I do not submit the completion certificate, the following will result: my completion will not be accepted, I will be assessed the points for this ticket, my driving privileges will be suspended, and I must pay the statutory penalty, late fee, driving privilege reinstatement fee, and possible collection agency fees.

Out of State License Holders: Your licensing state MAY NOT honor this option. You should contact your state's driver's license agency.

Make cashier's check, money order or personal check payable to the CLERK OF COURT.

PAYMENT MUST BE RECEIVED BY THE OSCEOLA COUNTY CLERK'S OFFICE WITHIN 30 CALENDAR DAYS FROM THE ISSUE DATE OF YOUR CITATION ALONG WITH YOUR SCHOOL ELECTION OR YOUR SCHOOL OPTION MAY BE DENIED. Traffic School election may also be made by going to www.osceolaclerkpmts.com or www.myfloridacounty.com, or by calling nCourt at (888)912-1534.

I hereby attest or affirm that I am eligible for the Driver Improvement School option as denoted above and I understand said requirements.

Defendant's Signature / Date

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

By _____
Deputy Clerk / Date

This form must be notarized OR signed in the presence of a deputy clerk.

The foregoing document was acknowledged before me this ____ day of _____, 20____
by _____
 who is personally known to me or has produced _____ as identification.

Notary Public State of Florida

Rev 05/04/26

RETURN COMPLETED AFFIDAVIT TO:

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

2 COURTHOUSE SQUARE ❖ KISSIMMEE, FLORIDA 34741 ❖ 407-742-3500 ❖ TTY 407-742-3664
WWW.OSCEOLACLERK.COM