

**RICHARD M. WEISS, CLERK  
CIRCUIT AND COUNTY COURTS**

County Court  
Criminal Division  
P.O. Box 9000  
Drawer CC-10  
Bartow, FL 33831-9000  
Phone: 863-534-4446  
Fax: 863-534-4137

Lakeland  
Branch Courthouse  
Polk County Gov't. Center  
930 E. Parker St., Room 240  
Lakeland, FL 33801  
Phone: 863-603-6412  
Fax: 863-603-6633

Northeast  
Branch Courthouse  
Polk County Gov't. Center  
3425 Lake Alfred Rd.  
Winter Haven, FL 33881  
Phone: 863-401-2400  
Fax: 863-401-2404

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**AFFIDAVIT, ELECTION & ASSIGNMENT FOR DRIVER IMPROVEMENT SCHOOL FOR A CIVIL INFRACTION AS PER F.S. 318.14 (9) (a)**

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

Citation Number: \_\_\_\_\_

**ELECTION to ATTEND BASIC DRIVING IMPROVEMENT COURSE**

I, THE UNDERSIGNED, DO HEREBY AFFIRM THAT AS OF THIS DATE, I \_\_\_\_\_

1. HAVE ELECTED TO ATTEND A BASIC DRIVER IMPROVEMENT COURSE **APPROVED** BY THE STATE OF FLORIDA.
2. HAVE NOT ELECTED TO ATTEND A BASIC DRIVER IMPROVEMENT COURSE WITHIN THE PAST TWELVE (12) MONTHS.
3. HAVE NOT ELECTED TO ATTEND A BASIC DRIVER IMPROVEMENT COURSE MORE THAN FIVE (5) TIMES IN A LIFETIME.
4. DO NOT POSSESS A COMMERCIAL LICENSE.
5. UNDERSTAND THAT NOT ATTENDING THE BASIC DRIVER IMPROVEMENT COURSE WILL RESULT IN A SUSPENSION OF MY DRIVER'S LICENSE AND ADDITIONAL FEES WILL BE INCURRED.
6. UNDERSTAND THAT I HAVE BEEN GIVEN **NINETY (90) DAYS FROM TODAY IN WHICH TO REGISTER, COMPLETE THE CLASS AND RETURN MY CERTIFICATE OF COMPLETION TO THE CLERK.** FAILING TO COMPLETE THE COURSE OR PROVIDE PROOF OF COMPLETION **WITHIN 90 DAYS** WILL REQUIRE THE CLERK'S OFFICE TO SUSPEND MY DRIVING PRIVILEGE, ASSESS AN ADDITIONAL CIVIL PENALTY, **IMPOSE DELINQUENCY FEES, AND IMPOSE POINTS** AGAINST MY LICENSE. **IN ADDITION, A REINSTATEMENT FEE WILL BE REQUIRED TO HAVE MY DRIVING PRIVILEGE REINSTATED. I FURTHER UNDERSTAND THAT THE ABOVE INFORMATION PERTAINS TO POLK COUNTY ONLY, AND THAT OTHER COUNTIES MAY HAVE DIFFERENT REQUIREMENTS.**

I UNDERSTAND MY OBLIGATION AND THE RESULTING PENALTY FOR FAILURE TO COMPLY, AND I HEREBY ACKNOWLEDGE RECEIPT OF THE FOREGOING INFORMATION SHEET THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

**You must submit this form with proper payment for your violation on or before your payment due date.**