

Attachment "A"

IN THE COUNTY IN AND FOR
BROWARD COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: _____

vs.

_____,
Defendant.
_____ /

CONDITIONAL PLEA OF NO CONTEST (TRAFFIC INFRACTION CITATION NOT INVOLVING A TRAFFIC ACCIDENT)

VERIFIED STATEMENT OF DEFENSE OR ADMISSION AND WAIVER OF APPEARANCE

Under penalty of perjury, I swear or affirm as follows [*please print clearly*]:

1. My name, address, and telephone number are:

2. Email address: _____

3. Date of Birth: _____

4. Traffic Citation Number: _____
(*please attach a copy of each citation, if available*)

5. I am the defendant in the above-referenced case and I have been charged with the following violation(s): (List the charges as you understand them to be. Attach additional pages, if necessary.).

6. This is not an admission that I violated any law. I am requesting the Court to Withhold the Adjudication of Guilt on the above listed citation(s) so that I will have no “points” on my record. I understand that if the Court declines to approve my Conditional Plea of No Contest, this matter will be set on a regularly scheduled traffic infraction pre-trial docket. I further understand that if the Court accepts my Conditional Plea of No Contest, I will be obligated to comply with the resolution the Court has imposed within 120 days, or my driver’s license may be suspended.

7. Further, if my citation(s) involve(s) improper equipment or failure to display a valid driver license, valid insurance, or a valid registration, I have attached copies of my current valid driver’s license; insurance that was valid on the date of the infraction; a valid motor vehicle registration and/or proof that any equipment defect has been repaired, as the case may be.

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 if this plea is accepted the Court will withhold the adjudication of guilt. I understand that I am not required to make any statement. I understand that the hearing officer or judge will determine the appropriate sentence in withholding the adjudication of guilt. I further understand that I am waiving my personal appearance in this matter.

Statement of Defendant: (Not required. 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.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Signature of Defendant: _____

If you are under the age of 18, a parent or guardian must also sign this statement:

Signature of Parent/Guardian: _____

You may drop off this completed Plea at the Clerk’s drop box at any location of the Broward County Courthouse; you may also send it via U.S. Mail to Broward County Clerk of Court, P.O. Box 14610, Fort Lauderdale, Florida 33302-4610; or you may scan and email the form to the Clerk of Court at TrafficEclerk@browardclerk.org.