

IN THE COURT OF THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR FLAGLER COUNTY, FLORIDA

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**IF YOU ARE A HOLDER OF COMMERCIAL DRIVER LICENSE YOU CAN NOT ELECT DRIVER IMPROVEMENT SCHOOL, OR HAVE POINTS AND  
ADJUDICATION WITHHELD AS PER FLORIDA STATUTES 318.14(9) & (10)**

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NAME:

ADDRESS:

CITATION NUMBER:

CHARGE:

**DRIVER IMPROVEMENT AFFIDAVIT**

**WARNING:** Do not sign this affidavit until you are sure you understand all terms of the Traffic School option. Your failure to understand could result in the loss of your Driver's License. **There are NO EXCEPTIONS.** If you do not attend, after this election, your license will be suspended and points will be assessed. Also, additional penalties will be incurred before you are able to obtain a valid driver's license. This will also result in the forfeiture of one of your eight (8) school elections allowed by the State of Florida. You will not be eligible for traffic school again for twelve (12) months from the date below.

I elect under FS 318.14(9) to attend a Florida approved driver improvement school (BDI). I understand points will be withheld on my Florida License. **I hereby swear as of this date, I have not made this election in the past 12 months, nor have I done so more than 8 times in my life. I UNDERSTAND THAT I MUST PROVIDE PROOF OF COMPLETION OF THE COURSE TO THE CLERK'S OFFICE IN FLAGLER COUNTY (see address below) WITHIN 90 DAYS OF THE DATE BELOW.**

**\*\*OUT OF STATE LICENSE HOLDERS:** You should contact the Department of Highway Safety in your State before electing this option. Your licensing State **MAY NOT** honor this option.

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

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DEPUTY CLERK

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**THE KIM C HAMMOND JUSTICE CENTER  
1769 E. Moody Blvd., Building 1  
Bunnell, FL 32110**

Certificate, Acknowledgment in an Individual Capacity (Florida)

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of (how the individual appeared; check one).

\_\_\_\_\_ Physical presence or \_\_\_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Date) (Month) (Year)

By \_\_\_\_\_  
(Name of Individual Acknowledging)

Individual Identification by: \_\_\_\_\_ Personal Knowledge \_\_\_\_\_ Satisfactory Evidence, Type: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_, Notary Public  
(Typed, Printed or Stamped Name of Notary Public)

(Affix FL Notary Stamp above)