

IN THE COUNTY COURT, IN AND FOR COLUMBIA COUNTY, FLORIDA
AFFIDAVIT FOR DRIVING SCHOOL

**YOU ARE ELIGIBLE FOR THE DRIVER IMPROVEMENT COURSE
OPTION (F.S. 318.14 (9)(A) IF:**

- 1. YOU MAY ONLY ELECT THIS OPTION (5) TIMES IN A LIFETIME.**
- 2. AT LEAST (1) YEAR HAS PASSED SINCE YOU LAST ELECTED TO ATTEND
A DRIVER'S IMPROVEMENT COURSE.**

**PROOF OF COMPLETION MUST BY PROVIDED BY YOU TO THE CLERK OF COURTS,
173 NE HERNANDO AVENUE, LAKE CITY, FLORIDA 32055 WITH 90 DAYS FROM
YOUR CITATION DATE.**

PENALTY FOR FALSE AFFIDAVIT

**SHOULD THE STATE FIND THAT YOU DID NOT MEET THE ABOVE STATED
ELIGIBILITY REQUIREMENTS TO ELECT THE DRIVER IMPROVEMENT COURSE
OPTION, YOUR DRIVER'S LICENSE MAY BE SUSPENDED, POINTS WILL BE
ASSESSED AND SUBSTANTIAL FINES AND FEEES MAYBE IMPOSED.**

**PENALTIES FOR FAILURE TO COMPLETE COURSE AND/OR PAY COSTS AND FEES
YOUR DRIVER'S LICENSE WILL BE SUSPENDED AND POINTS WILL BE ASSESSES.
BEFORE YOUR LICENSE CAN BE REINSTATED, YOU MUST: PAY THE BALANCE OF
THE ORIGINAL FINE, PAY AN \$18.00 CANCELLATION PROCESSING FEE, PAY A
\$23.00 LATE FEE AND PAY \$60.00 REINSTATEMENT FEE TO THE STATE OF FLORIDA
(IF APPLICABLE).**

**I HEREBY SWEAR OR AFFIRM THAT I AM ELIGIBLE FOR AND ELECT THE OPTION OF
ATTENDING A DRIVER IMPROVEMENT COURSE PURSUANT TO FLORIDA STATUES
318.14(9).**

x

SIGNATURE OF AFFIANT

**PRODUCED ID _____, OR
PERSONALLY KNOWN _____**

**STATE OF FLORIDA, COUNT OF COLUMBIA SWORN TO AND SUBSCRIBED BEFORE
ME THIS _____ DAY OF _____ 20____**

x

SIGNATURE OF DEPUTY CLERK