

**CLERK OF COUNTY COURT - HERNANDO COUNTY, FLORIDA  
20 N. Main Street, Room 217, Brooksville, FL 34601**

Name \_\_\_\_\_ Citation # \_\_\_\_\_  
Address \_\_\_\_\_ Violation \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

**DRIVER IMPROVEMENT SCHOOL AFFIDAVIT**

*(Holders of a CDL License or  
an offense of Unlawful Speed 30 mph over the posted speed  
CANNOT elect Driving School)*

I elect under FS 318.14(9) to attend a driver improvement school (DDS) approved by the State of Florida DHSMV in lieu of a court appearance. I understand points will be withheld on my license. I hereby swear as of this date, I have not made this election in the last 12 months, nor have I done so more than five times in my lifetime, and I do not hold a CDL license. I understand that I must provide proof of completion of the course within ninety (90) days of this date. ***I understand that non-compliance with the above requirements will result in:***

1. Suspension of my driver's license.
2. Assessment of points for the citation, and a guilty verdict on all records.
3. Additional payment of late, processing and clearance fees.
4. Reinstatement of my driver's license will not occur until I present the Driver's License Office a certificate of compliance issued by the Clerk's Office.

\_\_\_\_\_  
Defendant's Signature

**Your original fine amount and an additional \$7.00 affidavit fee  
must be included with this form.**