PLEASE USE TAB OR MOUSE

IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

TRAFFIC DIVISION

AFFIDAVIT OF NON-COMPLIANCE

THE STATE OF FLORIDA VS.

Defendant	Driver's License Number	State	Case Number(s)

The citation(s) listed above, issued for failure to show proof of:

☐ P.I.P Insurance

☐ Vehicle Registration

CIVIL PENALTY REQUIRED

Proof of Compliance is not available for reason(s) indicated below:

☐ Vehicle not owned by the defendant

☐ Vehicle Sold

☐ Vehicle Stolen

☐ Vehicle Destroyed

☐ Vehicle Repossessed

☐ Other:_____

I, the undersigned, do solemnly swear or affirm that the information provided above is true and correct.

I have read and understand the above, and I hereby acknowledge receipt of a copy of this form.

_____ _____

Defendant's Signature Date

*** Please printout , complete form, sign, date, and mail to:**
CLERK OF COURTS, TRAFFIC DIVISION P.O. BOX 19321 MIAMI, FL. 33101-9321

SUBSCRIBED AND SWORN TO BEFORE ME on the _____day of _____ 20_____

_____ OR _____

Deputy Clerk

NOTARY PUBLIC
My Commission expires:_____
☐ Personally Known ☐ Produced ID
Type: _____

PRINT SAVE RESET