

# AFFIDAVIT OF DEFENSE

**This form may only be used if you reside outside of Pinellas County or have a physical hardship.**

**PRIOR TO COMPLETING AND SENDING NOTARIZED FORM, ALL DISPUTE REQUESTS **MUST** BE REGISTERED WITHIN 15 CALENDAR DAYS OF THE TICKET ISSUE DATE BY CALLING THE CITY OF CLEARWATER CITATION PROCESSING CENTER:**

**1-866-353-7137 (toll free)**

**DO NOT COMPLETE A "PLEA OF NOT GUILTY AND REQUEST FOR HEARING" FORM if you are completing this Affidavit of Defense. Only one form may be submitted.**

- **Mail the completed and notarized form to:**  
CITY of CLEARWATER  
Citation Processing Center  
PO Box 3214  
Milwaukee, WI 53201-3214

Completed & notarized forms may also be sent via FAX to 1-866- 219-4908 (Original must also be mailed or the Court will NOT schedule the review).

- **Completed & notarized forms must be received within 15 calendar days of the ticket Issue Date.**
- If you have any questions regarding filing this form, please contact the City of Clearwater Citation Processing Center by calling toll free: 1-866-353-7137.
- **If you have sent the Affidavit of Defense but then choose to pay your ticket instead, you must call the Court at (727) 464-7000 to:**
  1. **Verify your case has not already been reviewed**
  2. **Cancel the review**

**Failure to contact the Court will result in additional fines.**
- If the Official determines that you have committed a violation, the Official may impose a fine on each charge up to \$100.00 with the exception of violations of F.S. 316.1955 or 316.1956 wherein the fine imposed may be up to \$250.00, plus court costs.
- All fines imposed are due immediately or late fees will be added.

# COUNTY COURT, PINELLAS COUNTY, FLORIDA

PARKING TICKET NO. \_\_\_\_\_

## AFFIDAVIT OF DEFENSE

I, \_\_\_\_\_, reside permanently at  
name of alleged offender

\_\_\_\_\_ street & number city state zip code

and on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M.  
date of offense

I was charged with \_\_\_\_\_  
description of violation

at \_\_\_\_\_  
location of offense

At the time of the alleged violation, I owned \_\_\_\_\_  
year, make, model and color of motor vehicle(s)

with the license tag number(s) \_\_\_\_\_ issued in the State of  
tag number(s) from vehicle registration(s)

\_\_\_\_\_  
include both county and state

I am  denying the commission of the violation because: (Explain your defense in your own words, being as brief as possible, but omitting no material fact that will help the official arrive at a judgment in your case.) *PRINT or TYPE.*

Sworn to (or affirmed) and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

Personally Known \_\_\_\_\_ Or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Alleged Offender

NOTE: This Affidavit will be presented to the presiding official together with the parking ticket issued and any other substantiating information as soon as possible. You will be advised by mail of the official's decision. The Judges of the Court reserve the right to compel personal appearance.