

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:
(727) 562-4094**

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 4460
Clearwater, FL 33758-4460**
- **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 at: (727) 562-4094.
- **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.
- The Pinellas County Clerk of Court does not accept any City of Clearwater parking citation payments.
- **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 _____, 20_____

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.