## Nadia K. Daughtrey, Clerk of Courts <u>DeSoto County</u> 115 East Oak Street

Arcadia FL 34266
Phone: (863) 993-4876 8:30am - 4:30pm

Fax: (863) 993-4669

## YOU MUST RESPOND TO YOUR CITATION WITHIN 30 DAYS OF ISSUANCE. FAILURE TO COMPLY WILL RESULT IN THE SUSPENSION OF DRIVING PRIVILEGE

Personal check (include phone number), Money Order and Credit Cards (3.5% processing fee) accepted. Pay online at <a href="https://www.DesotoClerk.com">www.DesotoClerk.com</a> **OPTION 1: PAY CIVIL PENALTY**. Call for payment plan options. Points will be assessed for all moving infractions. **OPTION 2: REQUEST A HEARING** before the County Judge \_\_\_\_\_ PHONE #\_(\_\_\_\_)\_\_\_ EMAIL: OPTION 3: ELECT DRIVING SCHOOL -CDL drivers will need to motion the court to withhold adjudication; all others can check eligibility at <a href="https://www.flhsmv.gov/dlcheck">www.flhsmv.gov/dlcheck</a>. RETURN THE SIGNED SCHOOL OPTION AFFIDAVIT TO THE CLERK WITH THE PROPER PAYMENT AS LISTED AT THE BOTTOM OF THIS FORM. SCHOOL OPTION AFFIDAVIT • I have **NOT** made an election in the past twelve months or made eight lifetime elections. • I do **NOT** hold a class A, B, or C commercial driver license. I will complete an approved 4 hour Florida Basic Driver Improvement Class (BDI) and return the Certificate of Completion to the Clerk's Office by Mail, Fax, or Email within ninety days of making this election. I understand that failure to comply with these conditions will result in the suspension of my driving privilege and points will be assessed (additional fees will apply) Name: \_\_\_\_\_ Citation number: \_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_ RETURN YOUR CERTIFICATE OF COMPLETION BY: Mail, Fax or Email DUE DATE: Fax: or Mailing address: Clerk of Court or Email: (863) 993-4669 traffic@desotoclerk.com Traffic Division

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