

**RETURN THIS NOTARIZED FORM ONLY TO ELECT  
DRIVERS SCHOOL.  
IN THE COUNTY COURT IN AND FOR JACKSON COUNTY  
TRAFFIC VIOLATION BUREAU  
4445 EAST LAFAYETTE STREET  
P.O. BOX 510  
MARIANNA, FL 32447**

AFFIDAVIT, ELECTION & ) CASE # \_\_\_\_\_  
ASSIGNMENT FOR DRIVER )  
IMPROVEMENT SCHOOL FOR ) CIT. # \_\_\_\_\_  
A CIVIL INFRACTION AS ) (INCLUDE LETTER SUFFIX)  
PER F.S. 318.14(9)(a) ) ISSUED \_\_\_\_\_

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1. Complete this form only to elect Drivers School.
  2. I \_\_\_\_\_ do elect to attend Driver  
Defendant's Name  
Improvement School.
  3. I have **not ELECTED** to attend Driver Improvement School within the  
past twelve (12) months.
  4. I have **not ELECTED** to attend Driver Improvement School more than  
five (5) times in his or her lifetime.
  5. I understand not attending the Driver Improvement School, after electing,  
will result in a suspension of my drivers license AND **ADDITIONAL fees  
will be incurred.**
  6. I understand that I must provide a certificate of course completion to  
Jackson County Clerk's office within 60 days of signing this affidavit.

\_\_\_\_\_  
**DEFENDANT'S SIGNATURE**

SOLEMNLY SUBSCRIBED TO BEFORE ME, THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20 \_\_\_\_.

**CLAYTON O. ROOKS, III, CLERK**

AFFIX  
SEAL

by: \_\_\_\_\_  
**DEPUTY CLERK/ NOTARY PUBLIC**

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**IMPORTANT : IF YOU ARE ATTENDING SCHOOL, THE  
SCHOOL ELECTION FEE MUST BE PAID TO THE JACKSON COUNTY  
CLERKS OFFICE FIRST, THEN ATTEND THE FLORIDA APPROVED  
SCHOOL OF YOUR CHOICE AND TO ASSURE CREDIT FOR YOUR  
COMPLETION, YOU MUST SUBMIT YOUR COMPLETION  
CERTIFICATE TO THE JACKSON COUNTY CLERKS OFFICE WITHIN  
THE 60 DAYS ALLOWED FOR SCHOOL ATTENDANCE.**