

WAKULLA COUNTY CLERK OF COURT
TRAFFIC DIVISION
(850) 926-0302
WWW.WAKULLACLERK.ORG

Pursuant to Florida Statute 318.14(4) allows you 30 calendar days from the date you received your citation to either pay in full or select one of the following options: **IF YOU FAIL TO ADHERE TO THE PAYMENT PLAN YOU HAVE CHOSEN, YOUR LICENSE WILL BE SENT IN FOR SUSPENSION AND THERE WILL BE AN ADDITIONAL \$23 LATE FEE PER FS 318.18(8)(A)**

____ **REQUEST FOR PARTIAL PAYMENTS/EXTENSION OF TIME**-Points will be assessed against your license but you will be allowed a _____ day extension from the date your citation was issued. Pursuant to Florida Statute 28-24(26)(c) a **\$25.00** administrative charge is due at the time of enrollment and will **NOT** be applied to the assessed court costs and fines.

____ **REQUEST A COURT APPEARANCE**-By selecting this option, you will be issued a court date and will waive your right to pay the civil penalty or elect to attend driver improvement school. Pursuant to Florida Statute 318.14(5), the court may impose a fine of up to \$500.00 or \$1000 if a fatality occurred.

____ **REQUEST FOR COMMUNITY SERVICE**- If a court orders a person to perform community service, the person shall receive credit for the civil penalty at the specified hourly credit rate per hour of community service performed, and each hour of community service performed shall reduce the civil penalty by that amount. F.S. 938.30(2)

____ **REQUEST TO ATTEND DRIVER IMPROVEMENT SCHOOL**-I hereby elect to attend a Driver Improvement School online or in my area that is approved by the State of Florida to have adjudication withheld by the Clerk under provisions of Chapter 318.14(9) Florida Statutes. I shall provide **PROOF OF COMPLETION** of a one-time 4-hour Basic Driver Improvement course to the **Wakulla Clerk of Court's Traffic Division, 3056 Crawfordville Hwy, Crawfordville, FL 32327** within ninety (90) days from the date of my citation. I understand if I fail to complete a Driver Improvement School, I have forfeited my election for the next 12 months. You may contact an approved traffic school of your choice in the State of Florida by referring to WWW.FLHSMV.GOV and clicking on "Driver Improvement Schools". This office cannot accept a proof of enrollment form OR your course results as a certificate of completion.

The undersigned does hereby swear or affirm that of this date: Please initial each statement below.

1. I have not elected Driver Improvement School in the past 12 months. _____ (initial)
2. I have not elected Driver Improvement School 5 times in a lifetime. _____ (initial)
3. I do not have a **CDL** (Commercial Driver's License) _____ (initial)

If I hold a license issued by another state, this option may not accomplish a withholding of points and/or adjudication. It is my responsibility to obtain approval from the state or agency that issued my license.

Your school completion certificate must be turned into our office by: _____

May be filed via email to _____ AND/OR _____ OR faxed to **(850) 926-0936**.

I understand that my failure to comply within ninety (90) days from the date of my citation will require the Court to **suspend** my driving privileges for non-compliance. This would require me to **pay an \$18.00 processing fee and a \$23.00 late fee to the Clerk of Courts.**

Adjudication of guilt will be made and points will be assessed. Also, I would be required to pay a reinstatement fee to FLHSMV for reinstating my driving privileges.

Balance due: \$

Payments are due:

I hereby swear or affirm that I am eligible for the option of attending defensive driving school and I understand the requirements as stated above.

Defendant Signature

Phone #

Defendant-Printed Name

Citation #

Deputy Clerk, Greg James, Clerk of Court

Date

3056 CRAWFORDVILLE HWY, CRAWFORDVILLE, FL 32327

Effective 1/29/19