

**TRAFFIC DIVISION**

**AFFIDAVIT OF NON-COMPLIANCE**

**THE STATE OF FLORIDA VS.**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Case Number(s)

The citation(s) listed above, issued for failure to show proof of:

P.I.P Insurance

Vehicle Registration

**CIVIL PENALTY REQUIRED**

Proof of Compliance is not available for reason(s) indicated below:

Vehicle not owned by the defendant

Vehicle Sold

Vehicle Stolen

Vehicle Destroyed

Vehicle Repossessed

Other: \_\_\_\_\_

I, the undersigned, do solemnly swear or affirm that the information provided above is true and correct.

I have read and understand the above, and I hereby acknowledge receipt of a copy of this form.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**\* Please printout , complete form, sign, date, and mail to:**

CLERK OF COURTS, TRAFFIC DIVISION P.O. BOX 19321 MIAMI, FL. 33101-9321

Acknowledge by:

\_\_\_\_\_  
Deputy Clerk – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Clerk - Name