

Attachment A

IN THE COUNTY COURT IN AND FOR
PALM BEACH COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: _____

v.

_____,
Defendant.

CONDITIONAL PLEA OF NO CONTEST AND WAIVER OF APPEARANCE

Under penalty of perjury, I swear or affirm as follows:

1. My name, address, and telephone number are:

2. Email address. By submitting your email address, you are providing consent to accept electronic correspondence on this case: _____

3. Traffic Citation Number(s): _____

4. I am the defendant in the above-referenced case and I have been charged with the following violation(s): (List the charges as you understand them to be)

5. In the past two years, I have been adjudicated guilty of or have had adjudication withheld for the following civil or criminal traffic violations (please provide the date, location, and nature of each violation): _____

6. I am entering a **Conditional Plea of No Contest** to the citation(s) I have listed in Paragraph 3, above. I am entering this plea on the understanding that, if accepted, the Court will withhold the adjudication of guilt on the above listed citation(s) so that I will have no "points" on my record from this citation(s). By entering this plea, I understand that I am not admitting or denying that the infraction was committed, but do not contest the charges. I also understand that if the Court accepts my plea, I am waiving my personal appearance in this matter and I will be obligated to comply with the resolution the Court has imposed (which will require payment of the civil penalty and may require attendance at traffic school) within the time frame provided by the Court or my driver's license may be suspended. I understand that by making this request, I am waiving my right to a speedy trial and further understand that if the Court declines to accept my Conditional Plea of No Contest, this matter may be set on a regularly scheduled civil traffic infraction docket.

7. If the Court rejects my Conditional Plea of No Contest, I wish to (check one):

Pay the civil penalty within 30 days from the date of the Court's ruling;

Pay the school civil penalty within 30 days of the Court's ruling and complete defensive driving school within 60 days of the Court's ruling. I certify that I am eligible to elect to attend the defensive driving school; or

Request a court date.

Signature of Defendant: _____

This document must be notarized or verified by the Deputy Clerk prior to submission.

Sworn to (or affirmed) and subscribed before me, the undersigned authority, on _____ day of _____, 20____.

Personally known _____ Produced identification _____

Type of ID produced _____

Notary Public, Deputy Clerk, or other authority

NAME: _____

Commission No. _____

My Commission Expires: _____

If Affiant/Defendant is under the age of 18, a parent or guardian must sign this plea:

Signature Parent or Legal Guardian

Sworn to (or affirmed) and subscribed before me, the undersigned authority, on _____ day of _____, 20____.

Personally known _____ Produced identification _____

Type of ID produced _____

Notary Public, Deputy Clerk, or other authority
NAME: _____
Commission No. _____
My Commission Expires: _____

You may submit your completed Conditional Plea to the Clerk & Comptroller's Office by dropping it off at or mailing it to any Clerk & Comptroller's Office location, or by scanning and emailing it to ConditionalPlea@mypalmbeachclerk.com. For Clerk and Comptroller's Office locations, visit <https://www.mypalmbeachclerk.com/resources/contact-us/locations>
