



**AFFIDAVIT OF DEFENSES**  
**(Affidavit must be notarized)**

NOV/Citation No. \_\_\_\_\_ Violation Date: \_\_\_\_\_

I, \_\_\_\_\_ (print legibly or type name), hereby swear or affirm that (check one):

\_\_\_ The vehicle was legally under the care, custody, or control of the person named below at the time of the infraction (must complete the following information, including zip code and apt. # if applicable).

Transfer Notice of Violation to:

Driver's name: \_\_\_\_\_

Driver' address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Driver's date of birth: \_\_\_\_\_

Driver's License No. of driver (if known) \_\_\_\_\_

Please state your relation to the above-named individual and your reason for transferring liability to that individual:

\_\_\_\_\_  
\_\_\_\_\_

- I understand that if the violation is dismissed against the above-named individual based upon false information or information which cannot be verified that the NOV/Citation will be re-issued to me.
- I understand that an incomplete affidavit will not be accepted and returned to me.

\_\_\_ The vehicle was stolen at the time of the infraction (*must attach the police report*);

\_\_\_ The motor vehicle violated the steady red traffic control signal to yield right-of-way to an emergency vehicle or as part of a funeral procession (*please attach supporting documentation*);

\_\_\_ The motor vehicle violated the steady red traffic control signal at the direction of a law enforcement officer (*please attach supporting documentation*);

\_\_\_ A uniform traffic citation was issued by a law enforcement officer to the driver of the vehicle for the same infraction (*must provide the Serial No. of the traffic citation: \_\_\_\_\_*).

\_\_\_ The motor vehicle's owner was deceased on or before the date that the uniform traffic citation was issued. I understand that I must be a representative of the motor vehicle owner's estate or other designated person by a family member to fill out this affidavit (*must attach certified copy of the death certificate and provide one of the following: proof of sale of the decedent's vehicle prior to the date of the alleged violation; proof of return of decedent's license plate belonging to the vehicle to the state agency prior to the date of the alleged violation; or a copy of the police report showing decedent's license tag was stolen prior to the date of the alleged violation.*)

I \_\_\_ have \_\_\_ have not attached the necessary documents or evidence that supports my statement marked above.

**I understand that the submission of a false affidavit is punishable as a second-degree misdemeanor under s. 775.082 or s. 775.083, Florida Statutes, by a term of imprisonment not to exceed sixty (60) days and/or fine not to exceed \$500.00.**

**Print name and address of the Affiant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Affiant**

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**On behalf of:** \_\_\_\_\_

**(Name of business or Company if such is the registered owner of the vehicle)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument, Affidavit of Defenses was acknowledged before me by means of  **physical presence** or  **online notarization**, this (date) \_\_\_\_\_ by (name and title of position) \_\_\_\_\_, who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Signature of Notary Public**

**Print Name:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**ORLANDO STOPS**

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