IN THE COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

DIVISION: TRAFFIC

CASE No.: 05 - - TR - -AXXX-BC

CITATION NUMBER:

PAYABLE FINE AMOUNT:

SCHOOL FINE AMOUNT:

DEPUTY CLERK:

PLAINTIFF
State of Florida

vs.

DEFENDANT

FILED
10:57 am, July 22, 2025
CLERK OF CIRCUIT COURT
BREVARD COUNTY, FLORIDA

PLEA OF NO CONTEST & REQUEST FOR WITHHOLD OF ADJUDICATION (No Points)

I, _____, do hereby plead No Contest to the above referenced citation and ask the Court to Withhold Adjudication. I understand that I will be assessed a civil penalty and may be ordered to attend a defensive driving improvement course. I understand that by making this request, I am waiving my right to a speedy trial.

Should the Court deny my request for a Withhold of Adjudication, I request one (1) of the following options by indicating one of the following numbered selections in the box below.

1. Pay the civil penalty within 30 days from the date of the Court's ruling.
2. 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.
3. Plead not guilty and appear in person at a future scheduled hearing. I request that my hearing be held before a ☐ HEARING OFFICER ☐ JUDGE. If I cannot personally appear, I understand that I may exercise the option to provide an Affidavit of Defense as described in Rule of Traffic Procedure 6.340.

I select option # ____ should my request be denied.

I understand that I am only permitted to plead No Contest and Request a Withhold of Adjudication once in a twelve (12) month period and no more than eight (8) times in my lifetime. *I understand that I may not make this election if I hold a commercial driver's license*. I, _____ confirm that I am eligible to make this request.

I understand that if I fail to complete any requirement(s) of this election, my driver's license will be suspended and I will be assessed additional fees.

_____	_____
Defendant's Signature	Dated
_____	_____
Defendant's Address	Phone Number
_____	_____
City State Zip	E-Mail Address

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