

**IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA
PARKING VIOLATIONS BUREAU**

AFFIDAVIT OF DEFENSE

Tag _____

Citation(s) _____

IMPORTANT NOTE FOR DEFENDANT

This affidavit will be presented to the presiding judge or hearing officer together with the Complaint-Citation against you. As a courtesy you will be notified of the hearing date but you are not required to appear. You will also be notified of the outcome of the trial and if due; a refund will accompany our correspondence.

An affidavit of Defense will only be honored if accompanied by the proper appearance bond. The amount of such bond must be payable to Miami-Dade County Court by either a money order of cashier's check (No personal checks accepted). THIS AFFIDAVIT MUST REACH THE CLERK'S OFFICE FIVE (5) BUSINESS DAYS PRIOR TO THE COURT HEARING.

THE BOND AMOUNT FOR THIS CASE IS \$_____.

☐ I AM **ADMITTING** the commission of the infraction.

☐ I AM **DENYING** the commission of the infraction because: (Explain your defense in your own words, being as brief as possible, but omitting no material facts that will help the official arrive at a judgment in your case. Use the following lines below.)

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

Defendant's Signature

Date

Sworn to and subscribed before me, this _____ day of _____, _____.

Notary Public.

MAILING INSTRUCTIONS

Please printout, complete form, sign, date and mail to:
Parking Violations Bureau
73 West Flagler Street, Room 137
Miami, Fl. 33130

RECEIPT OF CASH BOND

This affidavit has been accepted, cash bond of \$ _____ received and the bond receipt NO. is _____