

**AFFIDAVIT  
DISABLED PARKING SPACE**

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**REQUIREMENTS TO DISMISS DISABLED PARKING SPACE VIOLATION**

A person who has a disabled permit is entitled to park in a disabled parking space or a stroller space. A person who has a valid disabled permit, and who was given a citation for violation 15(disabled space) or violation 19(stroller), can submit a copy of the permit registration, an affidavit that the permit owner was present at the time of the violation, and a \$7.50 fee for a statutory dismissal.

According to Florida Statute 316.1955(7)a, it is unlawful for any person to stop, stand, or park a vehicle within any such specially designated and marked parking space provided in accordance with this section, unless the vehicle displays a disabled parked permit . . . and the vehicle is transporting the person to whom the displayed permit is issued.”

A person may avoid the civil penalty for certain violations of disabled parking whereby, according to F.S. 318.18(6), the person provides:

- A copy of the **permit registration showing the owner’s name and address that was valid at the time the violation occurred** and
- A photocopy of the owner’s driver’s license
- A signed **affidavit** that the owner of the disabled parking permit was present at the time the violation occurred and
- **\$7.50 dismissal fee.**

Upon provision of proof of a valid parking permit, the affidavit, and the \$7.50 dismissal fee to the Clerk of the Court, the clerk shall dismiss the citation.

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I, \_\_\_\_\_, hereby state that **I am the owner of a disabled parking permit or disabled license plate number # \_\_\_\_\_**, and that **I was present when the violation occurred** as noted by parking citation # \_\_\_\_\_ issued on \_\_\_\_\_ (date) at \_\_\_\_\_ a.m./p.m. (time) to license tag # \_\_\_\_\_ State \_\_\_\_\_ My Driver’s License or State ID # is \_\_\_\_\_

**Pursuant to Florida Statute 92.525, under penalties of perjury, I declare that I have read the forgoing affidavit and the facts stated in it are true.**

\_\_\_\_\_  
(Signature of the owner of disabled permit)

(Print Name)

Date

(Address)

(City)

(State)

(Zip)

(Area Code) (Phone Number)

Given by: \_\_\_\_\_, Deputy Clerk

Verified by: \_\_\_\_\_, Deputy Clerk

Registration Attached

USE ONLY FOR PARKING VIOLATION CODES 15, or 19