IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA			
TRAFFIC DIVISION			
AFFIDAVIT OF NON-COMPLIANCE			
THE STATE OF FLORIDA VS.			
	D: 11: N 1	<u> </u>	
Defendant	Driver's License Number	State	Case Number(s)
The citation(s) listed above, issued for failure to show proof of:			
☐ P.I.P Insurance			
☐ P.I.P Insurance			
☐ Vehicle Registration			
CIVIL PENALTY REQUIRED			
Proof of Compliance is not available for reason(s) indicated below:			
☐ Vehicle not owned by the defendant			
☐ Vehicle Sold			
☐ Vehicle Stolen			
☐ Vehicle Destroyed			
☐ Vehicle Repossessed			
Other:			
I, the undersigned, do solemnly swear or affirm that the information provided above is true and correct.			
I have read and understand the above, and I hereby acknowledge receipt of a copy of this form.			
Defendant's Signature		Date	
-		Date	
* Please printout, complete form, sign, date, and mail to: CLERK OF COURTS, TRAFFIC DIVISION P.O. BOX 19321 MIAMI, FL. 33101-9321			
SUBSCRIBED AND SWORN TO BEFORE ME	on the day of	20	
Deputy Clerk O	R NOTARY PUB My Commission		
	☐ Personally K Type:		
	1,120.		