

DRIVER'S SAFETY COURSE AFFIDAVIT

Citation Number: _____

I _____ swear or affirm that:
(Print Name)

I am not in the process of taking nor have I completed a driving safety course within the 12 months preceding the date of this citation. I understand I have a right to a jury trial. I hereby waive my right to a jury trial, enter a plea of no contest, and request to take a driving safety course.

SIGNATURE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____