IN THE COURT IN AND FOR AFFIDAVIT OF DEFENSE MADISON COUNTY, FLORIDA Name of Alleged Offender Number of Complaint BEFORE ME PERSONALLY HAVING DULY SWORN, DEPOSES, AND SAY 1). MY NAME IS ______; I RESIDE AT_____ (City & State) (Street & Number) AND I RECEIVED THE ABOVE NUMBERED COMPLAINT CHARGING ME WITH ON _____AT ____A.M./P.M. (Description of Violation) (Date) (Time) 2). AT THE TIME OF THE ALLEGED VIOLATION, I WAS DRIVING A ____ (Type of Vehicle) IN A ______ DIRECTION ON _____ IN MADISON (Street or Highway) COUNTY, FLORIDA 3). I AM DENYING/ADMITTING/PLEADING NO CONTEST (circle one) TO 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 judgement in your case-Please print or type): (Signature of Affiant(Alleged Offender) (Use attachment if more space is needed for explanation) SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF______, 20__

Deputy Clerk/Notary Public