

**AFFIDAVIT**

**(Disabled Passenger)**

**IN THE COUNTY COURT OF THE  
FIFTEENTH JUDICIAL CIRCUIT IN  
AND FOR PALM BEACH COUNTY,  
FLORIDA**

**TRAFFIC DIVISION**

**CASE NO.** \_\_\_\_\_

**STATE OF FLORIDA,  
vs.**

*(PRINT NAME)* \_\_\_\_\_,

*(PRINT STREET ADDRESS)* \_\_\_\_\_

*(PRINT CITY, STATE, ZIP)* \_\_\_\_\_

**DEFENDANT (DRIVER).**

**CITATION NO.** \_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_

**ISSUED TO (DRIVER)** \_\_\_\_\_

At the time the above-referenced citation was issued I was being transported by the driver listed above.

My Disabled Person Parking Permit was issued to me on \_\_\_\_\_. It expires on \_\_\_\_\_ and therefore was valid at the time the citation was issued.

I have attached a true and complete copy of my disabled person parking permit registration.

I understand that this Affidavit will be presented to the Court along with the driver's Motion To Dismiss the citation.

(Signature of passenger) \_\_\_\_\_

**State of Florida**

**County of Palm Beach**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did / did not take an oath.

*(Signature of person taking acknowledgment)* \_\_\_\_\_

(Seal)

*(Name of Officer taking acknowledgment)* \_\_\_\_\_

*(Title or rank)* \_\_\_\_\_ *(Serial number, if any)* \_\_\_\_\_