

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 _____, 20__ 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)* _____