

Brandon J. Patty

Clerk of the Circuit Court and
Comptroller



Mark P. Miner

Chief Deputy Clerk

**Clerk of the Circuit Court
and County Comptroller
St. Johns County, Florida**

INSURANCE REJECTION LETTER

Case#: _____

Citation#: _____

Defendant's Name: _____

This form must be completed when rejecting all options provided under the Failure to Carry Proof of Insurance Law, 316.646. Please read over the following:

You had several options to proceed:

1. Submit proof of insurance valid on the date the citation was issued along with the \$10.00 Clerks Dismissal fee; violation/citation will not appear on your driving record.
2. Submit current proof of insurance (issued after the citation) and complete the enclosed Nolo Contendere Affidavit Form with the Nolo fee of \$80.90; please read over the form to make sure you are eligible. Filing the Nolo option will avoid a conviction on your driving record and the suspension noted above.
3. Swear or affirm, that subject to the penalty of perjury and possible contempt of court, as of this date, Florida Statute 316.646(1) does not apply to you per Florida Statute 316.646(2) and 627.733(1)(a). You are not the registered owner of the vehicle in which you were driving at the time of the stop and are not required to carry insurance. (Proof of ownership is required.)

FAILURE TO COMPLY with one of the above options will result in a "conviction" (guilty) disposition on your driving record which will prompt driver's license suspension by Florida Statute 316.646 (3). The Florida Department of Highway Safety and Motor Vehicles will send notification of suspension, to the address on your driver's license, with instructions on how to clear the suspension.

By signing this form, you acknowledge you were made aware by the Clerk's Office of the insurance law, your options and the consequences of failing to comply with one of the specified options.

Defendant's Signature

Date

