

*Affidavit of Motorcycle Insurance*

Case Number # \_\_\_\_\_

Citation # \_\_\_\_\_

Defendant's Name \_\_\_\_\_

At the time that this citation was issued for violation of Section 316.211, Florida Statutes (equipment for motorcycles and mopeds), I was over 21 years of age and was covered by an insurance policy providing for at least \$10,000 in medical benefits for injuries incurred as a result of a crash while operating or riding on a motorcycle.

At the time that this citation was issued for violation of Section 316.646, I was driving a motorcycle, not a motor vehicle. This statute, therefore, does not apply to me.  
I, the undersigned, do solemnly swear or affirm, subject to the penalty of perjury and possible contempt of court, that I am eligible for the option checked above.

\_\_\_\_\_  
Date Defendant's

\_\_\_\_\_  
Signature

Acknowledgment: (Signature must be witnessed by Deputy Clerk or Notary)

Charlie Green  
Clerk of Lee County Court

\_\_\_\_\_  
Deputy Clerk of Court

\_\_\_\_\_  
Notary

My Commission expires: \_\_\_\_\_

**Mail completed form to:**  
Lee County Clerk of Court  
Attention: Traffic  
PO Box 2507  
Ft. Myers, FL 33902-2507