

IN THE COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR COUNTY

CASE NUMBER

STATE OF FLORIDA

vs.

PID:

DROP - DUI PROGRAM CLASS VERIFICATION FORM

This form verifies that _____ has
(Enter Defendant's name)
completed the twelve (12) hour education component of the DUI Program
provided by _____ between the
(insert name of DUI Program Provider)
dates of _____ and _____.
(Start date) (End date)

The Defendant further waives confidentiality between
the Defendant and the program provider for purposes of the
State Attorney's Office verifying the truth of this form.

Defendant Signature

Program Representative Signature

Address

Program Representative Printed

Date

Date