

IN THE COUNTY COURT, SEVENTH JUDICIAL CIRCUIT,
IN AND FOR ST. JOHNS COUNTY, FLORIDA

STATE OF FLORIDA

Case No.: _____

v.

Citation No.: _____

AFFIDAVIT OF MIS-IDENTITY

The undersigned does hereby swear or affirm, that subject to penalty or perjury and possible contempt of court, that I am not the individual that was issued or received the above citation in St. Johns County, St. Augustine, Florida. I have possibly been the victim of fraud. If I discover who the recipient was, I will provide the courts with the necessary information and will make myself available the Law Enforcement if needed. I understand a court appearance may be necessary.

DEFENDANT NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

Defendant's Signature

Sworn to and notarized before me on the _____
Day of _____, 20____.

Deputy Clerk/ Notary Public