

OFFICE OF  
HOLMES COUNTY  
CLERK OF CIRCUIT COURT  
P.O. BOX 397  
BONIFAY, FL 32425  
(850) 547-1100

**TOBACCO INFRACTIONS AFFIDAVIT**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_ I HEREBY ELECT TO PAY A CIVIL PENALTY OF \$30.00

**OR**

\_\_\_\_\_ I HEREBY ELECT TO COMPLETE 16 HOURS OF COMMUNITY SERVICE  
INSTEAD OF PAYING THE CIVIL PENALTY.

**AND**

\_\_\_\_\_ I FURTHER UNDERSTAND THAT I MUST ATTEND AN ANTI-TOBACCO  
PROGRAM AND PROVIDE PROOF OF COMPLETION TO THE HOLMES  
COUNTY CLERK OF COURT, PURSUANT TO FLORIDA STATUTE  
569.11(1A).

Online Anti-Tobacco Class: [www.coursefortobacco.com/states/FL](http://www.coursefortobacco.com/states/FL)

Local: Holmes County Health Department (850) 547-8500

\_\_\_\_\_  
Signature of Person Cited

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HOLMES

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

HOLMES COUNTY CLERK OF COURT

BY: \_\_\_\_\_ D.C.