

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