

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR INDIAN RIVER, MARTIN, OKEECHOBEE, AND
ST. LUCIE COUNTIES, FLORIDA**

**THIRD AMENDED
ADMINISTRATIVE ORDER 93-06**

RE: OKEECHOBEE CHILD RESTRAINT OFFENDER PROGRAM

After consultation with Shirley M. Brennan, County Judge of Okeechobee County and as Chief Judge for the Nineteenth Judicial Circuit pursuant to Rule 2.050 Florida Rules of Judicial Administration, it is felt that in the best interest of the people of Okeechobee that a new educational program be established to insure proper and safe use of child restraint devices, it is therefore;

ORDERED:

1) The Child Restraint Safety Program is hereby established effective the date of this order for Okeechobee County.

2) The following procedures shall be used to implement the Child Restraint Safety Program for Okeechobee County:

a) The Law Enforcement Officer may provide the Alternative Sentence Affidavit to any person cited for a child restraint violation;

b) The Clerk of the County Court of Okeechobee County shall provide assistance and the alternative sentence affidavit to all persons charged with a child restraint violation at the time they tender payment for the citation or otherwise contact the Clerk;

c) If the person cited for a violation of F.S. 316.613 elects to attend the Program the Clerk shall assist in the preparation of the affidavit and provide a copy to the offender to take to the Okeechobee Health Department who will administer the Program;

d) The Clerk shall collect a \$4.00 fee pursuant to F.S. 28.24(11) for the preparation of the affidavit;


e) The Okeechobee County Health Department may collect a \$10.00 fee from the offender for the costs of a child restraint device; e.g., carseat, if the person cited needs one. The Program will consist of a class on the proper use of child restraint devices, the furnishing of an approved child restraint device if needed by the person cited and a Certificate of Completion.

f) The offender must provide the Certificate of Completion to the Clerk within 30 days of signing the affidavit;

3) Upon the filing of the Certificate of Completion the statutory penalty and associated costs will be waived and the assessment of points withheld pursuant to F.S. 316.613.

4. If the offender fails to file the Certificate of Completion within the time specified in this order the Clerk shall levy the statutory fines, fees and costs against the offender and enter a D-6 suspending the offender's drivers licenses until the sums are paid and all sums which have previously been paid will be forfeited.

DONE AND ORDERED in Chambers, Vero Beach, Indian River County, Florida, this 9 day of November, 1998.


PAUL B. KANAREK
Chief Judge

IN THE COUNTY COURT IN AND FOR OKEECHOBEE COUNTY, FLORIDA

Case No. _____

Citation No. _____

Charge: Child Restraint Violation

F S. 316 613

AFFIDAVIT

I ELECT TO ATTEND THE CHILD RESTRAINT SAFETY PROGRAM AND AGREE TO DO THE FOLLOWING WITHIN 30 DAYS OF FILING THIS AFFIDAVIT WITH THE CLERK. I UNDERSTAND THAT I MUST:

(1) pay \$4.00 to the Clerk of Court for preparation of and a copy of this Affidavit;

(2) take a copy of this Affidavit to the Okeechobee County Health Department located at 1728 NW 9th Avenue, Okeechobee, Florida;

(3) attend a two hour course at the Okeechobee Health Department on the proper use of a child restraint device;

(4) either bring my child carseat (child restraint device) to the course or pay the Okeechobee County Health Department \$10.00 for the costs of a new carseat, which will be mine to keep;

(5) accept and install the child restraint device (child carseat) in my vehicle that the Okeechobee Health Department gives me, or if I have my own child carseat, install my carseat in my vehicle,

(6) bring the Certificate of Completion that the Okeechobee Health Department gives me to the Clerk of Court.

FURTHER, I UNDERSTAND THAT IF I FAIL TO FOLLOW STEPS 1-6 ABOVE THAT I WILL BE ASSESSED A FINE OF \$81.00 PLUS A \$16.00 LATE FEE; THAT MY DRIVER'S LICENSE WILL BE SUSPENDED UNTIL I PAY THESE SUMS AND A \$25.00 REINSTATEMENT FEE AND THAT THREE POINTS WILL BE ASSESSED AGAINST MY LICENSE AND THAT ALL PREVIOUSLY PAID COSTS WILL BE FORFEITED.

Defendant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____, 19__.

Notary Public or Deputy Clerk

CONTACT KAREN HANAWALT, TRAFFIC SAFETY COORDINATOR, AT THE OKEECHOBEE HEALTH DEPT. AT 941-462-5786 FOR REGISTRATION INFORMATION.