

WILLS POINT MUNICIPAL COURT
518 HOUSTON STREET
P.O. BOX 505
WILLS POINT, TEXAS 75169
OFFICE: (903) 873-4530 FAX: (903) 873-5512
www.willspointtx.org
MONDAY – FRIDAY 8:00 AM – 12:00PM; 1:00PM – 5:00PM

DEFERRED DISPOSITION REQUEST

I HEREBY REQUEST DEFERRED DISPOSITION as a means to dismiss the offense issued against me and I waive my right to a speedy trial. I am remitting my court cost and fine (**contact the court for the amount due**) along with this form. I understand that I must not receive another citation within my 90 (ninety) day deferred period. I understand that I am responsible to contact the court for my deferral due date. At the end of the deferred period I will submit a notarized affidavit stating that I have had no other violations. **A person under the age of 25 may be required to take a drivers safety course during the deferred period if ordered to do so by the Court. A PHONE CALL DOES NOT QUALIFY AS AN APPEARANCE OR A REQUEST**

JUVENILES (AGE 16 AND YOUNGER) MUST APPEAR AT A HEARING BEFORE THE JUDGE IN PERSON WITH A PARENT/GUARDIAN. NOTICE OF THE HEARING WILL BE MAILED TO THE ADDRESS LISTED ON YOUR CITATION.

I HEREBY CERTIFY THAT:

- I do not have a Commercial Driver's License (CDL).
- I did not commit this offense in a work zone with workers present.
- I have attached a copy of my valid driver's license.
- If my citation is for "Failure to Maintain Financial Responsibility – No Insurance", I have also attached a copy of my proof of insurance that is valid on the date of this request.
- I have not had a citation dismissed with Deferred Disposition within the (1) year period prior to the issue date of my citation. I am not currently on Deferred Disposition for any citation in any other Court.

ENCLOSE THE FOLLOWING WITH REQUEST:

_____ **FEE ENCLOSED (cashier's check or money order) – PLEASE CONTACT THE COURT FOR AMOUNT OF FINE AND COURT COST.**

_____ **COPY OF DRIVER'S LICENSE**

_____ **COPY OF FINANCIAL RESPONSIBILITY (insurance card) – if applicable**

PLEA FORM (Check the appropriate plea. Please sign and date the form.)

_____ **GUILTY** – waive appearance for trial.

_____ **NO CONTEST** – waive my right to trial. I understand the court will enter a Guilty Judgment.

DATE SIGNED: _____ SIGNATURE: _____

PRINTED NAME: _____ CITATION#: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEA ACCEPTED

DATE

JUDGE, WILLS POINT MUNICIPAL COURT

PLEASE CONTACT THE COURT BEFORE MAILING. IT IS THE DEFENDANT'S RESPONSIBILITY TO KEEP THE COURT NOTIFIED OF ANY ADDRESS CHANGES.