

DRIVING SAFETY COURSE

A speeding offense, not in excess of 24 miles over the speed limit, and other various traffic violations may be dismissed by taking a driving safety course.

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.

If you are under the age of 25, you are required to take a Driving Safety Course and must return this form along with a cashier's check or money order for the amount of the court costs + administration fee of \$139.00 (\$164.00, if offense was committed in a school zone), either in person or by certified mail on or before the appearance date on your citation. **A PHONE CALL DOES NOT QUALIFY AS AN APPEARANCE OR A REQUEST.**

I HEREBY REQUEST A DRIVING SAFETY COURSE AS A MEANS TO DISMISS THE OFFENSE ISSUED AGAINST ME & WAIVE MY RIGHT TO A SPEEDY TRIAL. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WILL RESULT IN ASSESSMENT OF THE FINE AND A CONVICTION ON MY DRIVING RECORD.

I HEREBY CERTIFY THAT:

- I have a valid Texas Driver's License.
- I did not commit this offense in a work zone with workers present.
- I do not have a Commercial Driver's License (CDL).
- I have not taken a Driver Safety Course within the last 12 months in lieu of payment of a fine and I am not currently taking a course for another citation (under 45.0511 CCP).

I understand I will be responsible for scheduling and paying for a State Approved Course, I will be expected to file with the Court a CERTIFIED COPY OF MY DRIVING RECORD obtained from the Texas Department of Public Safety and file a CERTIFICATE OF COMPLETION of the course taken within the 90-day period as ordered by the Court.

ENCLOSE THE FOLLOWING WITH REQUEST:

- _____ **FEE ENCLOSED (cashier's check or money order)**
\$139.00 (\$164, if offense was committed in a school zone)
- _____ **PROOF OF FINANCIAL RESPONSIBILITY (insurance card)**
- _____ **COPY OF VALID TEXAS DRIVER'S LICENSE**
- _____ **LAST 4 NUMBERS OF SOCIAL SECURITY NUMBER _____**
(THIS WILL BE USED TO VERIFY ELIGIBILITY)

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

- _____ **GUILTY** – waive appearance for trial.
- _____ **NO CONTEST** – waive my right to trial.

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.