

REQUEST TO TAKE DRIVING SAFETY COURSE

You may require that this violation be dismissed by taking a driving safety course for offenses covered under Subtitle C, Transportation Code if you submit a plea, a request, AND PAYMENT in person or by mail on or before the court appearance date set on the citation. Payment of court costs/fees is \$129.00 (for violations occurring in a school zone, the fee is \$154.00.) Please mail your completed request for Driving Safety Course and payment to:

Floresville Municipal Court
1120 D Street
Floresville TX 78114

If you have questions or need more information, you may contact the Court at (830) 393-4232.
\*\*\* MONEY ORDER OR CASHIER CHECK ONLY, NO PERSONAL CHECKS ACCEPTED \*\*\*

Defendant's Name: \_\_\_\_\_
Citation No.: \_\_\_\_\_ Violation: \_\_\_\_\_

AFFIDAVIT AND REQUEST TO TAKE DRIVING SAFETY COURSE

I, \_\_\_\_\_, Defendant, hereby waive trial by Jury, enter my plea of \_\_\_\_\_ GUILTY, \_\_\_\_\_ NO CONTEST and request that the Court defer proceedings for 90 days so that I may complete an approved Driving Safety Course. I have not completed a Driving Safety Course (under Article 6701d(a)(2)V.A.C.S.) that is within one year of the date of the citation. I am not currently taking, nor approved to take a Driving Safety Course (under Article 6701d(a)(2)V.A.C.S.) that is not reflected on my driving record. I do have a valid Texas Driver's License or permit. I have enclosed proof of financial responsibility for the vehicle driven on the date of the citation.

I understand that I MUST COMPLETE AND RETURN the original certificate of completion showing that I have completed a Driving Safety Course which is approved by the Texas Education Agency, IN ADDITION TO a certified Drivers record issued by the State WITHIN 90 DAYS from the date of request. I understand that my case will not be dismissed until all of the above are submitted to the Court, within the 90 day time limit as assigned by the Court. I further understand that NO EXTENSIONS WILL BE GRANTED.

DEFENDANT'S SIGNATURE

DEFENDANT'S CURRENT ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_