The Colony Municipal Court
Deferred Disposition Request – FMFR (No Vehicle Insurance)

NAME (PLEASE PRINT): _____ **CITATION#/DOCKET#:**_____

ADDRESS:_____ **APT#:**_____

CITY:_____ **STATE:**_____ **ZIP:** _____ **DL#:**_____

PHONE#:_____ **CELL#:**_____ **WORK#**_____

EMAIL ADDRESS:_____ **DATE OF BIRTH:**_____

I hereby enter a plea of NO CONTEST to the violation of **Fail to Maintain Financial Responsibility**, waive my right to a jury trial, and waive my right to be represented by an attorney. I request that the court allow me to complete a Deferred Disposition sentence for this case. I understand that if I successfully complete the terms of the Deferred Disposition in a timely manner, my case will be dismissed. If I do not successfully complete the terms of the Deferred Disposition, I will be sent a notice to appear in court to show cause why I did not complete the terms of this deferral. If cause is not sufficient, I understand that the Deferred Disposition will be revoked, a judgment of guilt entered, and the conviction will be reported to the Department of Public Safety and may appear on my driving record. I understand that the deferral period is 90 days from the date of my Deferred Disposition order and agree to the following terms:

1. Payment equal to the balance of the fine, court costs, and a $20 fee which totals $_____ (contact the court office at 972-624-2200 to confirm the correct amount) must be submitted at the time of the request or within 15 days of the request;

2. Payments can be submitted in person, by mail, or online. Payments can be cash, money order, cashier's check, credit/debit card, or personal checks **(personal checks will not be accepted for cases in warrant status)**;

3. I will provide proof of a valid driver's license **(A COPY MUST BE SENT WITH THIS REQUEST)**;

4. I understand that any additional traffic violations received in the City of The Colony during the deferral period may be considered a violation of the terms of Deferred Disposition.

5. I will provide proof of valid vehicle liability insurance with this request and maintain coverage through the entire 90 day Deferred Disposition period (valid insurance will be verified by the clerk prior to dismissal).

6. I will notify the court in writing of any change of name or address;

_____ _____

Defendant Signature Date

This completed request can be submitted in person, by email, by mail, or in the overnight drop box located near the main entrance of the municipal court building. Please contact the court office at (972) 624-2200 or court@thecolonytx.gov if you have any questions.