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Citation Number DEFER

Irving Municipal Court
P.O. Box 152288, Irving, TX 75015
305 N. O'Connor Rd., Irving, TX 75061
(972) 721-2451 Fax: (972) 721-2383

PLEA/DEFERRED DISPOSITION AFFIDAVIT

Defendant (Name): _____

Cause Number (Citation Number): _____

I, the undersigned defendant, do hereby waive the filing and reading of a sworn complaint, waive my right to trial (jury and/or non-jury), enter my plea of nolo contendere (no contest) to the above numbered case and request that I be granted deferred disposition. I understand by entering a plea of guilty/nolo contendere (no contest), I agree to pay the court-ordered fee & court costs, at this time.

Further, I swear, or affirm, that I have not had deferred disposition within the last year in the City of Irving, and I did not have a **Commercial Driver's License** ON THE DATE AND TIME OF THE ALLEGED OFFENSE, NOR DO I HAVE ONE NOW.

I also understand that if the citation was issued on, or after September 1, 2005 for a moving traffic violation, completion of a six hour Driver Safety Course IS REQUIRED IF I AM UNDER 25 YEARS OF AGE _____ Initials

I understand that I MUST NOT RECEIVE any other similar violations of the law, during the deferral period. **Additionally, if a Driver Safety Course HAS BEEN REQUIRED, THE CERTIFICATE MUST BE RECEIVED BY THE COURT PRIOR TO THE END OF THE DEFERRAL PERIOD. _____** Initials.

IF THE ABOVE CONDITIONS ARE NOT MET, I UNDERSTAND THE JUDGMENT OF GUILTY WILL BECOME FINAL, THE DEFERRED FINE & COST WILL BE USED FOR PAYMENT OF THE FINAL JUDGMENT, AND A CONVICTION FOR A MOVING VIOLATION WILL BE REPORTED TO THE TEXAS DEPARTMENT OF PUBLIC SAFETY.

Date: _____ Signature: _____

_____ _____
Current Address City State Zip Code

_____ _____ _____
Current Home Number Current Work Number Cell Phone Number

Please email correspondence to:_____