

City of Fate Municipal Court
Driver Safety Course Request and Affidavit



Citation Number: _____

Date of Request: _____

Name (Please print): _____

- ☐ Address is correct as shown in case file, OR
☐ Address has changed to: _____

I, the Defendant, do hereby waive the filing and reading of a sworn complaint, waive my right to trial and enter my plea of **Guilty/No Contest** to the offense charged against me and request Driver Safety Course for dismissal of mentioned offense.

I understand that I can only make this written request **on or before my appearance date** and I must **meet all eligibility requirements** for this request to be granted. **I further understand that I must receive the Court's permission before taking the Course.**

I swear that the following statements are true:

1. I acknowledge and waive discovery pursuant to Article 39.14, C.C.P., waive my right to trial, and enter my plea of **NO CONTEST**.
2. I am providing the Court with a photocopy of **a) my valid TEXAS DRIVER'S LICENSE/permit**, which is not revoked/suspended, and that is **NOT a (CDL)**, and **b) valid proof of TEXAS LIABILITY INSURANCE**.
3. I am providing PAYMENT of the court costs and administrative fee in the amount of **\$144.00**, or if a school zone offense **\$169.00**.
4. I have not taken a Driver Safety Course for dismissal of a ticket within the one (1) year period prior to the offense date in this matter, within the State of Texas.
5. I was not charged with exceeding the posted speed limit more than **25 MPH**; nor was I traveling at a speed greater than or equal to **95 MPH**; and I was ***not*** charged with a serious traffic offense, which includes offenses committed in a **construction zone when workers were present**, and did not involve the **unlawful passing of a stationary authorized vehicle (school bus, EMT, etc.)**
6. If the Court grants this request, I understand that I will have 90 (ninety) days to successfully complete a Driver Safety Course (or Specialized Driving Safety Course) **of your choice**, approved by the Texas Department of Licensing and Regulation (www.tdlr.texas.gov/driver) or, **if I was charged with an offense while operating a motorcycle**, I must complete a course under the motorcycle operator training and safety program approved by the state agency under Ch. 662, TRC.
7. I understand that I must file (original documents) by the 90 (ninety) day deadline: **a) A Driver Safety Course "Court Copy" Certificate of Completion**; and **b) A Certified Copy of my Driving Record as maintained by the Texas Department of Public Safety**.
8. If I successfully comply with the terms and conditions of the Driver Safety Course, the Court will process this matter for DISMISSAL and if I ***fail*** to comply with all the terms and conditions set by this Court and/or fail to appear for a Show Cause Hearing for my failure to comply, I understand that Judgment and CONVICTION will be entered and reported on my record, and a Capias Pro Fine Warrant will be issued for my arrest.

AFFIDAVIT FOR A DRIVING SAFETY COURSE

I, the Defendant, do hereby enter a plea of No Contest and swear or affirm to the statements above.

Defendant Signature

Date

STATE OF TEXAS
COUNTY OF ROCKWALL

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY _____ OF _____, 20____.

Notary Public, State of Texas