



DEFENSIVE DRIVING COURSE REQUEST

You may submit this form by signing and emailing to "court@leandertx.gov", or

Return by mail or fax to:

Leander Municipal Court, 201 N. Brushy St, Leander, TX 78641

Phone: (512) 259-1239

Fax: (512) 690-2214

CITATION NO:

OFFENSE:

FULL NAME:

Driver's License # and State

☐

I am entering a plea of GUILTY/NOLO CONTENDERE to this traffic violation and waive my right to a jury trial.

☐

I affirm that I have a valid Texas Driver's License that is not a CDL. (A copy must be provided to Court)

☐

I affirm that I currently have proof of auto insurance. (A copy must be provided to Court)

☐

I affirm that my driving record does not indicate successful completion of a Driving Safety Course within the last year immediately preceding the date of the alleged offense in this case. (A copy of driver record type 3A must be obtained from Texas DPS www.texas.gov and provided to Court)

☐

I affirm that I am not currently in the process of taking a course under this provision.

Defensive driving fee is \$144 (\$169 if in school zone). ****No checks are accepted****

PAYMENT METHODS:

CASH OR MONEY ORDERS /NO CHECKS

PAY ONLINE: www.leandertx.gov under "PAY MY BILLS" (with a processing fee)

Date of Request (mm/dd/yyyy)

Mailing Address

City, State, Zip Code

Email

Home Phone

Cell Phone

*** Even if submitted by fax or email, this form must be notarized and the original must be mailed back to Court at the address provided above. If requested in person at the Court's office, the court clerk can witness this form at no charge. ***

(Required) Defendant's signature: _____

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the _____ day of _____, 20____.

(Notary Public, State of Texas)(Court Clerk)

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Submit

SUBMIT

Reset

CLEAR ALL FORM FIELDS