CITY OF POST -
Municipal Court
106 South Broadway
Post, Texas 79356

Driving Safety Course Request Form

I, _____have been charged with the offense of _____in the Municipal Court of the City of Post.

I do hereby enter my appearance to the offense charged and plea:

☐ No Contest- I understand that my plea of No Contest will have the same force and effect as a plea of guilty on the judgment of the court.

☐ Guilty

I request that the Court grant me the driving safety course dismissal option, since I:

- Have not taken a Driving Safety Course in the past 12 months before my citation
- Do not hold a commercial drivers license (CDL)
- Was not speeding 25 miles per hour or more over the posted speed limit
- Was not charged with a violation occuring in a construction zone while workers were present
- Was not speeding 95 miles or more
- Was not charged with passing a school bus
- Was not charged with failing to stop and provide information or render aid after an accident
- Was not charged with committing a serious traffic violation

I am enclosing the following required items:

1. A copy of my Texas Driver's license/Permit**
   **(*MILITARY EXEMPTION:* Active military, their spouses and dependents)
2. A copy of my current auto liability insurance card
3. A money order or cashier's check made payable to "Post Municipal Court" in the amount of:
   - $144.00 (outside of a school zone)
   - $169.00 (inside of a school zone)
4. A notarized affidavit stating that I am not presently taking, nor have previously taken within the last 12 months, a driving safety course/motorcycle operator training course.

I understand that in order to be eligible for the driving safety course dismissal, ALL required items must be presented in person, to the Court no later than the appearance date on my citation. Mailed requests must be postmarked no later than the appearance date on the citation. I understand that I may not take the course until I have been given permission by the court.

Defendant Information

Name _____

Address_____

City_____

State & Zip Code_____ ☐ I want to update my address with the court

Citation #_____ DOB_____

Driver's License # and State_____

_____ _____

Signature Date

- This form can only be used for ONE violation
- Incomplete requests will NOT be accepted