

The following documents must be mailed to the **Court address found under the "Court information" on your citation**, along with your citation by your appearance date. (For your appearance date, please see the bottom of your citation).

- Copy of Current Texas Driver's License.
- Copy of Current Insurance policy in your name or a policy where you are listed as an approved driver. **Must be current and show coverage on the date of the violation.**
- The "Request for Driving Safety Course or Motorcycle Operator Course" form signed and notarized. (Attached)
- The "Order of Final Disposition" form signed and dated. (Attached)
- \$110.00 payment by Money Order, Check, or Credit Card. **If your violation occurred in a school zone, the amount will be \$135.00**
- The application for "Copy of Driver Record" must be filled out and mailed to Austin along with a \$10.00 fee. (Attached)

**DON'T FORGET TO INCLUDE YOUR CITATION!**

FOR QUESTIONS OR CONCERNS CALL **THE PHONE NUMBER ON YOUR CITATION UNDER "COURT INFORMATION"**.



## PLEASE READ CAREFULLY

### Driving Safety Course or Motorcycle Operator Course

You have the right to successfully complete a driving safety course or a motorcycle operator training course if you were charged with: failure to obey warning signs under Transportation Code § 472.022; a misdemeanor traffic offense under Subtitle C, Title 7, Transportation Code; or operation of a motor vehicle by a minor under Transportation Code § 729.001(a)(3). You may not take a course for insurance violations, for parking violations, if you hold a commercial license, or if you have taken a course within 12 months of the date of this citation. You may not take a course if you have been charged with: a serious traffic violation; speeding 25 mph or more over the posted speed limit; failure to remain at an accident scene; failure to give information and render aid; offenses in a construction or maintenance work zone when workers are present; or passing a school bus loading and unloading children.

To request a course:

1. Please sign the citation, and make a plea of guilty or no contest.
2. Mail by the answer date indicated on the front of the citation via certified mail.
3. **If you choose the option of taking a driving safety course or a motorcycle operator course to have your citation dismissed, the only amount due is \$110.00 (if your violation is a school zone violation, the amount due is \$135.00). It is not necessary to pay the entire fine.**

### Eligibility Requirements to take a Driving Safety Course or Motorcycle Operator Course:

- You may take a course to satisfy only ONE charge.
- You must provide current proof of insurance in accordance with Chapter 601, Texas Transportation Code
- You must show proof that you possess a valid Texas Driver's License or Permit on or before the answer date on the front of the citation.
- On or before the 90<sup>th</sup> day after you requested to take a course, you must provide a [driving record](#) from the Texas Department of Public Safety, which is evidence that you have not completed an approved driving safety or motorcycle operator course within 12 months from the preceding date of the offense. A form is provided for your convenience. Complete the form and mail it to the Department of Public Safety (DPS). Allow enough time - receipt of your driving record can take up to 4 weeks. There is a contact number at the top of the form, contact DPS to check on status of request if it takes longer than 4 weeks.
- On or before the 90<sup>th</sup> day after you requested to take a course, you must file an affidavit with the appropriate court stating that you are not currently taking a course or have not taken, within the 12 months preceding the offense, a course that is not yet shown on your driving record from the Texas Department of Public Safety. This form is also provided for your convenience.
- You must forward the driving record, certificate of completion, and evidence of examination by the Department of Public Safety if applicable, to the **appropriate Court** on or before the 90<sup>th</sup> day after

you requested to take a course.

- Find a certified Driving Safety Course or Motorcycle Operator Course to complete. Go to your yellow pages and/or check the Texas Education Agency website for a list of certified Driving Safety or Motorcycle Operator Courses. Your certificate will be mailed directly to you from the school. This process can take up to 3 weeks. Allow enough time to take the course and receive your certificate by the due date.
- You will be assessed court costs in the amount of \$110.00 (**if your violation is a school zone violation, the amount due is \$135.00**). The amount of the court costs is subject to change in accordance with the legislature.

Immediate payment of court costs of \$110.00 is due (**if your violation is a school zone violation, the amount due is \$135.00**) to the **appropriate Court**. Methods of Payment: checks, credit card and money order. Checks should be made payable to **Dallas County**. Send the required documents to the **address found under the "Court information" on you citation**.



CASE NO.

ORDER DEFERRING FINAL DISPOSITION PURSUANT TO SECTION 45.0511 OF THE TEXAS CODE OF  
CRIMINAL PROCEDURE (DRIVING SAFETY COURSE) Motorcycle Operator Training Course

THE COURT further ORDERS that, at the conclusion of the deferral period, the Defendant has presented satisfactory evidence of compliance with the imposed requirements, the Court shall dismiss the complaint with no final conviction being entered, and the compliant may not be used against the Defendant for any purpose.

THE COURT further ORDERS that if, at the conclusion of the deferral period, the Defendant fails to present satisfactory evidence of compliance, the Court shall proceed to enter a final conviction of guilty.

SIGNED AND ENTERED .

DEFERRAL PERIOD ENDS

---

JUSTICE OF THE PEACE

---

RECEIPT OF ORDER BY DEFENDANT

I, the Defendant acknowledge receipt of a copy of this Order. I hereby give my promise to appear as may be required by this Order. I understand that if I fail to appear, additional charges may be filed against me and warrant(s) for my arrest may be issued by the Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
DEFENDANT Signature

---

ORDER OF DISMISSAL

Pursuant to Article 45.051 Texas Code of Criminal Procedure and the Defendant having complied with all requirements imposed, the Court ORDERS that the Complaint in the above-numbered cause is dismiss. The Court further ORDERS that here is no final conviction and the compliant may not be used against the Defendant for any purpose.

SIGNED AND ENTERED \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUSTICE OF THE PEACE

## APPLICATION FOR COPY OF DRIVER RECORD

Mail to: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246

**MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY**

Any questions regarding the information on this form should be directed to Customer Service at 512/424-2600. Allow 2-3 weeks for delivery

**CHECK TYPE OF RECORD DESIRED**

	<b>FEE</b>
<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record Is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. <b>Furnished to Licensee ONLY.</b>	\$ 7.00
<input checked="" type="checkbox"/> 3A. CERTIFIED version of #3. <b>Furnished to Licensee ONLY and is Acceptable for DDC Course.</b>	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____ (If Required)	\$ ____

MAIL DRIVER RECORD TO: Requestor's Name \_\_\_\_\_ DL Number \_\_\_\_\_  
 (PLEASE TYPE OR PRINT)  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**If requesting on behalf of a business, organization, or other entity, please include the following:**

Name of business, organization, entity, etc. \_\_\_\_\_

Your Title or Affiliation with above \_\_\_\_\_

Type of business, organization, etc. \_\_\_\_\_  
(i.e. Insurance provider, towing company, private investigation firm, etc.)

<b>INFORMATION REQUESTED ON:</b>	
Texas Driver License # _____	Date of Birth (Month/Day/Year) _____
Last Name _____	First Name _____ Middle/Maiden _____

<b>INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR</b>	
<small>(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)</small>	
I, _____, hereby certify that I grant access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to _____	
Signature of License/ID Card Holder or Parent/Legal Guardian _____	Date _____

**State and federal law requires requestors to agree to the following:**

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect. 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.**