

Cause No. JT \_\_\_\_\_ - \_\_\_\_\_  
Citation No. \_\_\_\_\_

STATE OF TEXAS

§  
§  
§  
§  
§

IN THE JUSTICE OF THE PEACE

Vs.

PRECINCT \_\_\_\_\_, PLACE \_\_\_\_\_

DALLAS COUNTY, TEXAS

\_\_\_\_\_  
*Defendant*

**DEFENDANT’S REQUEST FOR A DRIVING SAFETY COURSE**

*Check One:*

I hereby enter my appearance  in person /  by attorney /  by mail on the complaint of the offense of:

\_\_\_\_\_.

*Check One:*

I hereby waive my right to a jury trial, plead  guilty /  no contest, and elect to take a driving safety course.

\_\_\_\_\_ *(initial)* I understand that I must present the Court the following with this request:

1. A valid Texas driver’s license or permit, or proof that I am a member, or the spouse or dependent child of a member, of the United States military forces serving on active duty;
2. Proof of financial responsibility (proof of insurance in my name);
3. Payment of court costs plus a \$10.00 nonrefundable administrative fee (*contact court for total amount*)

\_\_\_\_\_ *(initial)* I understand that I must:

1. Complete a driving safety course or motorcycle operator training course as applicable within 90 days;
2. Submit on or before the 90th day a certificate completion of a driving safety course or a motorcycle operator training course as evidence that I have completed such a course;
3. Submit on or before the 90th day an affidavit that I was not taking such a course nor had I completed one within the preceding 12 months from the date of this offense that is not shown on my driving record as maintained by the Texas Department of Public; and
4. Submit on or before the 90th day a certified copy of my driving record as maintained by the Texas Department of Public Safety.

\_\_\_\_\_ *(initial)* I understand that:

1. **If I comply** with the court order granting the taking of a driving safety/motorcycle operator training course and submit all the required evidence as ordered, the Court will dismiss my case and report to the Texas Department of Public Safety the date that I completed my course for inclusion on my driving record;
2. **If I fail to submit** all the evidence required by the Court, I will be notified of a show cause hearing and be required to appear before the Court to show cause why I did not present the required evidence of course completion;
3. **The judge may** at the show cause hearing enter a final adjudication against me and require me to pay the fine; and
4. **The failure to appear** at the show cause hearing will result in a final adjudication being entered against me, and that I will be required to pay the fine and any additional costs required by law.

**I ATTEST THAT I HAVE READ THIS DOCUMENT.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant’s Attorney (if applicable)

\_\_\_\_\_  
Date

Cause No. JT \_\_\_\_\_ - \_\_\_\_\_  
Citation No. \_\_\_\_\_

STATE OF TEXAS

§  
§  
§  
§  
§

IN JUSTICE OF THE PEACE COURT

Vs.

PRECINCT \_\_\_\_, PLACE \_\_\_\_

DALLAS COUNTY, TEXAS

\_\_\_\_\_  
*Defendant*

**AFFIDAVIT**

I, \_\_\_\_\_, state under oath that on the date of my request for a driving safety course/motorcycle operator training course in the above numbered cause that I was not taking such a course nor had I completed one within the 12 months preceding the date of my current offense that is not shown on my driving record as maintained by the Texas Department of Public Safety (or as maintained by the state that issued my driver's license - active military duty personnel only).



\_\_\_\_\_  
*Defendant's Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_ *Address* \_\_\_\_\_ *Apt. #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

\_\_\_\_\_ *Phone Number* \_\_\_\_\_ *Email*

\_\_\_\_\_ *XXXX*

\_\_\_\_\_ *DL / ID # (last 4 digits)*

**Sworn and subscribed before me**, the undersigned authority on \_\_\_\_\_.

[ SEAL ]

Notary Public in and for the State of Texas

Clerk of the Court

OR

**Declaration**

I declare under penalty of perjury that the foregoing is true and correct.

My name is \_\_\_\_\_ . My date of birth is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

My address is \_\_\_\_\_  
*Street City State Zip Code Country*



\_\_\_\_\_ signed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
*Signature Month/Day/Year County name State*