**Driving Safety Course or**

**Motorcycle Operator Training Course Request Form**

**Instructions:** Complete the attached form, sign and date, attach required copies and/or documents, as well as a check or money order for $145.00, and return to the Court on or before your appearance date. If you are mailing your request please enclose a Self Addressed Stamped Envelope.

**Special note for Juveniles:** A defendant who is under the age of 17 must appear in Court with a parent, guardian, or managing conservator, to enter a plea and request to take a Drivers Safety Course. Please contact the Court for available court date.

**IN THE JUSTICE COURT**

**MONTGOMERY COUNTY, PCT 4**

Cause # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ticket # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The State of Texas VS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby plea Nolo Contendere to the above moving traffic citation, and I waive my right to a trial by jury. I request the Court to dismiss the charges under the terms of Transportation Code Section 543 of the Texas Traffic laws. I certify and affirm that:

• I have a valid Texas Driver’s License, number \_\_\_\_\_\_\_\_\_\_\_\_;

• I DO NOT hold a commercial driver’s license;

• I have not taken the Driving Safely Course for ticket dismissal within the past twelve (12) months, nor am I currently taking said course;

• I am not charged with speeding 25 or more mph over the posted speed limit;

• I currently maintain vehicle **financial responsibility** as required by the Texas Motor Vehicle Safety Responsibility Act, and have **attached proof;**

• I have attached a check or money order in payment of the state fees, in the amount of $145.00.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work or Alt .Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_