Complete this form and email it into the Municipal Court with a copy of your driving license and vehicle insurance showing you as an insured driver. A partially completed form will NOT be accepted. You will receive a Response Letter after your request is received either accepting or denying your request. Response letters referencing a denial is normally due to an incomplete form submission.



## **DRIVING SAFETY COURSE REQUEST**

Full Nar	me				
Citation #					
Mailing	Addres	S			
City			State	Zip Code	
Email A	Address				
Cell Phone			Home P	Phone	
l unde	rstand t	hat I must present the Court	the following with this re	equest:	
1.		d Texas driver's license or per d States military forces serving	•	ember, or the spouse or dependent	child of a member, of the
2	. proof	of financial responsibility purs	uant to Chapter 601, Trans	sportation Code (automobile liability	insurance);
3	. paym	ent of court costs; and			
4	. paym	ent of a \$10.00 nonrefundable	e administrative fee.		
_	(Please 1.	within 90 days of this reque	est;	rator training course approved by t	
_	2.			certificate of course completion of erator training course as evidence t	
_	3.	of Public Safety.	n this request a certified co	opy of my driving record as maintair	ned by the Texas Departmen
	rstand t				
1.	requir		Court will dismiss my case a	ng safety/motorcycle operator traini and report to the Texas Department	
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				pay the fine; and
4		lure to appear at the show cau ed to pay the fine and any add		final adjudication being entered aga	ainst me, and that I will be
L	ATTEST	THAT I HAVE READ THIS D	OCUMENT.		
S	ignature	of Defendant			Date

Complete this form and email it into the Municipal Court with a copy of your driving license and vehicle insurance showing you as an insured driver. A partially completed form will NOT be accepted. You will receive a Response Letter after your request is received either accepting or denying your request. Response letters referencing a denial is normally due to an incomplete form submission.

	<u>AFFIDAVIT</u>
training course in the above numbered cause the preceding the date of my current offense that is r	r oath that on the date of my request for a driving safety course/motorcycle operator. I was not taking such a course nor had I completed one within the 12 months of shown on my driving record as maintained by the Texas Department of Public my driver's license - active military duty personnel only).
Signature of Defendant	Notary Public in and for the State of Texas
Date	Seal
THIS SECT	ION MUST BE NOTORIZED
Check One:	<u>PLEA</u>
☐I hereby enter a plea of <b>GUILTY</b> and waive a	pearance for trial and request to take a Driving Safety Course.
☐ I hereby enter a plea of <b>NOLO CONTENDER</b> Course.	E (No Contest) and waive my appearance for trial and request to take a Driving Safety
Signature of Defendant	
Date	OF STEPHEN

## WAYS TO RETURN THE FORM:

Email: skibler@stephenvilletx.gov

Mail: City of Stephenville Municipal Court, 298 W Washington, Stephenville, Texas 76401

**Fax:** 254-918-1207

