

Request for driving safety course.

Honorable Sue Schmidt
GARRETT MUNICIPAL COURT
208 N. Ferris Street, Garrett, TX 75119
972.875.1136

www.cityofgarrett.com

You may pay by credit card using our website or go to www.trafficpayment.com

You may be able to require that this charge be dismissed by successfully completing a driving safety course. YOU WILL LOSE THAT RIGHT IF, ON OR BEFORE YOUR APPEARANCE DATE, YOU DO NOT PROVIDE THE COURT WITH NOTICE OF YOUR REQUEST TO TAKE THE COURSE REQUEST FOR DRIVING SAFETY COURSE

Failure to send this form on/before your appearance date will result in ineligibility for course.

Indicate True or False next to each statement. If any are False, you are NOT eligible for Driving Safety Course. If you hold a CDL you may NOT take a Driving Safety Course. If your citation is for speeding 25 miles an hour or more over the posted speed limit you may NOT take a Driving Safety Course.

___ I hereby plead ___ Nolo Contendere or ___ Guilty

___ I possess a valid TEXAS driver's license or permit.

___ I have NOT and a Driving Safety Course in the last year in lieu of paying a fine, I am NOT in the process to taking a Driving Safety Course to dismiss another offense and I have NOT completed a Driving Safety Course that is not yet reflected on my driving record.

___ I understand that I CANNOT take the Driving Safety Course if I am accused of speeding 25 miles an hour or more over the posted speed limit.

___ **I have enclosed proof of financial responsibility (insurance) and a copy of my driver's license. (NO ORIGINALS PLEASE, a photo copy is acceptable).**

___ **I have enclosed a personal check, money order or cashier's check made payable to the GARRETT MUNICIPAL COURT in the amount of \$107.00.**

___ I understand that I am responsible for completing a D.P.S Approved Driving Safety Course and remitting the proper certificate to the Court before the expiration of the 90 day extension.

___ **I have enclosed a self addressed and stamped envelope.**

I have complied with the above requirements and understand that I must complete an approved course sending the completion certificate to the court before the expiration of the 90 day extension.

Name (print or type as it appears on your Driver's License) Driver's License Number Phone Number

Current Mailing Address (City, State, Zip)

Citation Number Date of Citation Court date on Citation

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.

Defendant's Signature

Sworn and Subscribed before me, the undersigned authority on this the _____ day of _____, 20__.

(Judge)(Court Clerk)(Deputy Court Clerk)