

Driver's Safety Course Request

All information on this form must be completed at the time of request with all items submitted or the request shall not be processed.

My name is _____
(Please print)

Cell Ph #: _____ Home Ph #: _____ Work Ph #: _____

Email Address: _____

I request driving safety for a:

- Moving Traffic Violation (Sub Title C TC; 472.022 TC; 729.001 TC)
- Motorcycle operator training
- Safety restraint awareness course

I do hereby enter a plea of No Contest (_____) or Guilty (_____)
MUST INITIAL PLEA

I understand with this request I **must submit copies of:**

- * Valid, non-CDL, Texas driver's license
- * Valid insurance card listing me as a driver on the policy

I remit the required driving safety court costs of:

(NO CHECKS ACCEPTED)

Regular Violations () \$ 144 School Zone Violations () \$ 169

I UNDERSTAND THAT I AM NOT ELIGIBLE FOR THIS REQUEST *IF*:

- HAVE COMPLETED A DRIVING SAFETY COURSE IN LIEU OF ANOTHER CITATION 12 MONTHS IMMEDIATELY PRECEDING THIS CITATION;
- WAS ALLEGED TO BE SPEEDING 25 MPH OR MORE OVER THE SPEED LIMIT;
- I AM A HOLDER OF A COMMERCIAL DRIVER LICENSE.

DATE: _____

DEFENDANT SIGNATURE

AFFIDAVIT of ELIGIBILITY

UNDER THE PENALTY OF PERJURY, I, _____
Defendant's Name

DO SOLEMNLY SWEAR AND STATE UNDER OATH THAT:

I was not taking a driving safety course or motorcycle operator training course, as applicable, under this article on the date the request to take the course was made and had not completed such a course that is not shown on my driving record within the 12 months preceding the date of the offense.

Defendant's Signature

Sworn to and subscribed before me, on the _____ day of _____, 20_____.

Notary Public for the State of _____

(seal)