ALLEN MUNICIPAL COURT

SWORN REQUEST FOR DRIVING SAFETY COURSE (DSC)

My name is _____ and I received Citation Number _____ for the alleged offense of _____. I understand that Texas law allows me to take a Driver Safety Course in order to have this charge dismissed. I understand that I can only make this request **on or before my appearance date.** I also understand that I must receive the Court's permission **BEFORE** taking the course.

I swear that the following statements are true:

1. I waive my right to a jury trial and enter my plea of NO CONTEST.
2. I was not charged with speeding more than 24 mph over the posted speed limit. I was charged with an offense eligible for DSC and have verified this fact with the Court.
3. **I do not possess a commercial driver's license (CDL) in any state.**
4. I am providing the Court with A PHOTOCOPY of:
    a. My valid **Texas Driver's License** and
    b. Proof of valid **Texas Liability Insurance** in my name or myself as a listed driver the day of this request.
5. I will **PAY** the State costs and fee in the amount of $144.00 or $169.00(for citation issued in a School Zone) within 10 days after I receive a notice of approval.
6. I am not in the process of taking a DSC under Sec. 45.0511 of the Code of Criminal Procedure, which is not reflected in my driving record as maintained by the Texas DPS.
7. I have not completed a DSC for the dismissal of a traffic citation within the twelve (12) month period preceding the date of this alleged violation.
8. AFTER receiving approval from the Judge, I will receive from the court an instruction packet by e-mail to my address provided below, and I will read it carefully. I will complete my Driving Safety Course and obtain my driving record NO LATER THAN 90 days from the date my request has been approved by the Court. I will provide to the Court BOTH (a) the "COURT COPY" of my DSC certificate, and (b) my Certified Driving Record (Type 3A) issued by the Texas Dept. of Public Safety (DPS).

DECLARATION

My name is _____, my date of birth is _____, and my
(FIRST) (MIDDLE) (LAST)
address is _____.
(STREET) (CITY) (ST) (ZIP)

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

Executed on the ____ day of _____, 20____.

/S/_____
DECLARANT SIGNATURE

_____
EMAIL ADDRESS

_____
MOBILE NO.

NOTE: Submit this request with a copy of your valid Texas Driver's License and proof of current Motor Vehicle Liability Insurance coverage through this webpage. INSUFFICIENT REQUESTS WILL NOT BE PROCESSED.