



CITY OF NAVASOTA MUNICIPAL COURT

200 E. McAlpine St. / P.O. Box 910, Navasota, TX 77868

Phone: 936-825-6268 Fax: 936-825-7280

www.NavasotaTX.gov.

DRIVING SAFETY COURSE (DSC) INSTRUCTIONS

The Code of Criminal Procedure, Art. 45.0511 (q) states: "You may be able to require that this charge be dismissed by successfully completing a driving safety course or a motorcycle operator training 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."

You must request DSC (Driving Safety Course) or MOTC (Motorcycle Operators Training Course) as appropriate on or before your arraignment setting (first setting) or you will lose the right to elect it at a later time (It is too late to elect DSC/MOTC at trial). Please allow 5 days from the date the citation was issued to make your request in person. A TELEPHONE CALL DOES NOT CONSTITUTE AN APPEARANCE AND WILL NOT PREVENT THE ISSUANCE OF A WARRANT. YOU MUST PLEA AND MAKE YOUR REQUEST IN PERSON OR IN WRITING.

You are **not eligible** to take DSC/MOTC if:

1. You hold a Commercial Driver's License (CDL)
2. You have taken a Court ordered DSC for another citation within one year from this citation; (or)
3. You are charged with:
 - a) 95 miles per hour or more; or
 - b) Speeding 25 miles per hour or more over the posted speed limit;
 - c) Passing a school bus;
 - d) Committing a serious traffic violation;
 - e) Failing to stop and give information or rendering aid after an accident; or
 - f) Committing an offense in a construction zone when a worker was present.
4. You do not have a valid Texas Driver's License

DSC/MOTC FEES:

ALL ELIGIBLE MOVING VIOLATIONS	\$144.00
ALL ELIGIBLE SCHOOL ZONE MOVING VIOLATIONS	\$169.00

You must mail or bring to the Court the following items:

1. Photocopy of your current auto liability policy;
2. Photocopy of your valid Texas Driver's License;
3. DSC or MOTC fee payment, and
4. Completed and signed application (see instructions for mail requests)

MAIL- Send the above listed documents and a cashier's check or money order payable to: City of Navasota Municipal Court. Do not send cash or personal checks. For your protection, keep copies of all documents mailed to the Court, and send all requests via certified mail.

IN PERSON- You may apply for DSC/MOTC on or before your scheduled court date and time at City of Navasota Municipal Court, 200 E. McAlpine Street, 8:00 a.m. to 9:00 a.m., Monday – Friday.

IF YOUR DSC/MOTC REQUEST IS POSTMARKED ON OR BEFORE YOUR COURT DATE, YOU DO NOT HAVE TO APPEAR IN COURT.

Upon approval of your request, you will have 90 days to:

1. Complete a DSC or, if the offense was committed while operating a motorcycle, a MOTC;
2. Order a certified copy of your driving record from Texas Department of Public Safety;
3. Submit your certificate of completion of the course (court's copy), the certified copy of your driving record, and a signed and notarized DSC affidavit to the court. If you deliver in person, the clerk will certify the affidavit.

If you fail to comply with any of the above-stated requirements, you will have a conviction on your driving record, and you will be required to pay the judgment amount. Failure to pay judgement will result in a warrant of arrest being issued.



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NOTE THAT THIS REQUEST MUST BE RECEIVED OR POSTMARKED ON OR BEFORE YOUR APPEARANCE DATE, OR YOU WILL LOSE YOUR RIGHT TO REQUEST DEFENSIVE DRIVING FOR DISMISSAL OF YOUR CITATION.

DRIVING SAFETY COURSE APPLICATION

CAUSE # _____

CITATION # _____

OFFENSE: _____

State of Texas vs. _____
(PRINT FULL NAME) (DOB)

ADDRESS: _____
(MAILING ADDRESS) (INCLUDE APT #) (CITY) (STATE) (ZIP CODE)

PHONE: _____
(HOME) (CELL) (EMAIL)

TEXAS DRIVER'S LICENSE # _____

I have read the Driving Safety Course instructions and I am eligible to take DSC or MOTC.

I hereby enter appearance on the above named offense;

I understand that I have the right to a jury trial. I hereby waive my right to a jury trial, and enter a plea of NO CONTEST, and request to take a driving safety course.

I understand that I must:

1. Present to the court a valid (non-commercial) Texas driver license (send a copy with this request).
2. Present to the court proof of financial responsibility (vehicle liability insurance) (send a copy with this request).
3. Not have completed a driving safety course within one year of the date of this citation.
4. A non-refundable **cashier's check or money order** made payable to the "City of Navasota Municipal Court" in the amount of **\$144.00** (or **\$169.00** if the offense is in a school zone) to the court. (send in with this request). **NO PERSONAL CHECKS**
5. Take a driving safety course approved by the Texas Education Agency (TEA) (or if operating a motorcycle, a motorcycle operator's training course approved by the Department of Public Safety) (DPS).
6. Present to the court the "court" copy of the completion certificate form a TEA approved driving safety course (or DPS approved motorcycle course) within 90 days of this request.
7. Present to the court a certified copy (type 3A) of my driver record from the DPS within 90 days of this request.
8. Promptly report any change of address to the court.

Defendant's Signature

Today's Date

The Court will accept your plea and request to complete a driving safety course and will enter a judgment finding you guilty and assess a fine and court costs, but will defer imposition of the judgment and allow you 90 days to complete a driving safety course. Terms and conditions of defensive driving will be mailed to you at the address you listed above.

PLEASE NOTE: Failure to properly complete, notarize, and mail or hand deliver this form with your payment on or before your appearance date, will result in your request being denied and Judgment (conviction) being entered against you.



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DRIVING SAFETY COURSE AFFIDAVIT

Name: _____ Cause Number: _____
(PRINT FULL NAME)

Texas Driver's License: _____

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 (or as maintained by the state that issued my driver's license - active military duty personnel only).

Defendant's Signature

Sworn to and subscribed before me, the undersigned authority on

Today's Date

(SEAL)

Notary Public in and for the State of Texas

My commission Expires

OR (Judge)(Court Clerk)(Deputy Court Clerk)
City of Navasota Municipal Court

PLEASE NOTE: Failure to properly complete, notarize, and mail or hand deliver this form with your payment on or before your appearance date, will result in your request being denied and Judgment (conviction) being entered against you.

DR-1 (Rev. 10/16)

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD

*** 0 1 2 0 0 4 ***

MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

<input type="checkbox"/> 1. Name – DOB – License Status – Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	\$ 10.00
<input type="checkbox"/> 3. Name – DOB – License Status – Record of ALL Crashes/Violations. Furnished to Licensee Only.	\$ 7.00
<input type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC.	\$ 10.00
<input type="checkbox"/> 4. Abstract Record – Certified abstract of completed driver record.	\$ 20.00
<input type="checkbox"/> Other: (Original Application, DWLI, etc.) _____	\$ _____ .00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number _____ Date of Birth / / Suffix (SR., JR., etc.) _____

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License / ID Card Holder or Parent /Legal Guardian _____

Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____

Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.