

REQUEST FOR DRIVERS SAFETY COURSE

{FAILURE TO REMIT FORM & PAYMENT ON OR BEFORE YOUR APPEARANCE DATE WILL RESULT IN INELIGIBILITY}

Name {Print or type as it appears on your driver's license} Driver's License Number

Current Mailing Address City, State, Zip Telephone Number

Date Of Birth Citation Number

Please Indicate TRUE or FALSE next to each statement listed. If any are FALSE you are not eligible for the Driver Safety Course and fill out a reply form.

- I hereby plea NOLO CONTENDRE {NO Contest} to the charge required by the traffic law
I have NOT taken a driving safety course in the past 12 months
I am not in the process of taking a driving safety course to dismiss another offense
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 possess a commercial driver's license
I understand that I CANNOT take the driving safety course if I was issued citation in WORK ZONE with Workers Present
I understand that I CANNOT take the driving safety course if I am accused of speeding 25 over the posted speed limit
I ENCLOSE a valid photo COPY of my Texas Driver's License or permit or proof of Active Military service if I posses a no-Texas driver's license
I ENCLOSE proof of insurance card
Instead of paying the fine, I ENCLOSE a money order or cashier's check, WE DO NOT ACCEPT CASH OR PERSONAL CHECKS, in the amount of \$143.90{ or \$168.90 if in school zone} to pay the court cost for Driver's safety course {Made to Crawford Municipal Court}
I ENCLOSE a self address stamped envelope , in which Court will mail documents to me.
I understand I will need to provided court with 3A Certified Driver Record, found at www.dps.texas.gov. {Failure to do so will invalidate my request for driver safety course}
I understand that I am responsible for completing Texas DPS approved driver safety course before 90 day extension and remitting it to the court {The Signed Court Copy}
I UNDERSTAND this must be NOTARIZED
If I mailed , I understand this form must be Certified Mail .

PLEASE SUBMIT ALL REQUIRED DOCUMENTATION BEFORE TAKING DSC. YOU MAY START DSC AFTER ALL DOCUMENTATION IS CERTIFIED MAILED OR BROUGHT TO THE COURT.

Signature of Defendant Requesting DSC

SWORN TO AND SUBSCRIBED BEFORE ME this ___ day of ___, 20__

Signature of Notary Public

Mail To Crawford Municipal Court Po Box 7 Crawford , Texas 76638
If You have any Question call the Court at 254-486-2125