CAUSE NUMBER: _____

DEFENDANT'S REQUEST FOR DEFERRED DISPOSITION

My name is _____, I understand that I may be able to have this charge dismissed by requesting Deferred Disposition.
(Insufficient requests will be denied and returned. Original form must be sent to the court. You will receive a letter from the court notifying you if your request is approved or denied. If your request is approved, your letter will include a date to pay your specfial expense fee and court cost.)

I swear the folling statements are true and correct:

1. I am at least 17 years of age.
2. I waive my right to trial AND I waive my right to a trial by jury. I hereby enter a plea of:
   (choose one) _____ Guilty _____ No Contest
3. Within the last 12 months I have not received Deferred Disposition for a traffic violation in another Justice or Municipal court.
4. I hold a valid Texas Driver's License. I DO NOT HOLD A COMMERCIAL DRIVER'S LICENSE. Enclose a copy of current driver's license.
5. I UNDERSTAND I WILL BE ON PROBATION FOR A MINIMUM OF 30 DAYS OR A MAXIMUM OF 180 DAYS IF I AM GRANTED DEFERRED DISPOSTION. IF I RECEIVE ANOTHER TRAFFIC OFFICNSE DUING THIS TIME , I WILL BE CONVICTED OF THE OFFENSE.
6. I UNDERSTAND THAT IF THE REQUIRED COSTS AND FEES ARE NOT RECEIVED BY THE COURT ON OR BEFORE THE DATE REQUIRED, A SHOW CAUSE HEARING WILL BE HELD AND I MAY BE CONVICTED AND A WARRANT MAY BE ISSUED FOR MY ARREST.
7. I UNDERSTAND THAT IF AM UNDER THE AGE OF 25, BY LAW I WILL BE REQUIRED TO TAKE A DRIVING SAFETY COURSE TO RECEIVE DEFERRED DISPOSTION.
8. I UNDERSTAND THAT IF MY REQUST IS DENIED, I WILL BE CONVICTED AND HAVE 31 DAYS TO PAY THE FINE, COMPLETE A PAYMENT PLAN, OR APPEAL THE COURTS DECISION.

***** If the Judge determines you qualify for indigency, your fine and costs may be taken care of by the alternatives listed on the back of this form. *****

_____ _____
Defendant's Signature Date

Mailing Address: _____

Phone Number: _____ Email Address: _____

State of Texas
County of San Patricio

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

_____
Judge / Court Clerk or Notary Public

Approved _____ days _____
Conditions _____
Fee $_____ + Court Cost $_____ = Total $ _____
Denied _____

_____ _____
Judge Fontaine Gonzales Date