

THE COLONY MUNICIPAL COURT
DRIVING SAFETY COURSE APPLICATION



NAME (PLEASE PRINT): _____ CITATION#/DOCKET#: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____ DL#: _____

PHONE#: _____ CELL#: _____ WORK# _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

I, the Defendant in the above-entitled cause, do hereby enter my plea of NO CONTEST, waive my right to a jury trial, and request the Driving Safety Course option for dismissal. **I understand that I must meet all eligibility requirements for this request to be granted. I further understand that I must receive authorization from the Court prior to taking the course.**

I SWEAR OR AFFIRM THAT THE FOLLOWING STATEMENTS ARE TRUE:

1. I acknowledge and waive discovery pursuant to Article 39.14 of the Texas Code of Criminal Procedure, waive my right to trial, and enter my plea of NO CONTEST.
2. I am providing the Court with a copy of my valid non-commercial Texas driver's license, and valid proof of financial responsibility (vehicle liability insurance).
3. I am providing payment of the court costs and administrative fee in the amount of **\$144.00** (or **\$169.00** if the offense occurred in a school zone) at the time of the request or within 30 days of the request (if approved). Cash, money order, cashier's check, or credit/debit card only. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**
4. I understand that I am not eligible for this option if I have a commercial driver's license, or if I do not have a Texas driver's license.
5. I have not taken a Driving Safety Course for dismissal of a ticket within a 12 month period prior to this offense.
6. I was not charged with exceeding the posted speed limit in excess of 24 miles per hour.
7. I was not charged with traveling at a speed of 95 miles per hour or more.
8. I was not charged with a serious traffic offense, which includes any offense that occurred in a construction zone with workers present.
9. If the Court grants this request, I understand that I will have 90 days to submit a certificate of completion of a state approved Driving Safety Course, and a type 3A certified copy of my driving record.
10. If I fail to comply with all the conditions set by this court, and/or fail to show good cause for my failure to comply, I understand that a judgment and conviction will be entered against me in this matter. The offense will be reported as required by law. If I fail to pay the remaining balance of the fine assessed, I understand that a Capias Pro Fine warrant will be issued for my arrest.

Defendant Signature

Date

This completed request can be submitted in person, by email, by mail, or in the overnight drop box located near the main entrance of the municipal court building. Please contact the court office at (972) 624-2200 or municipalcourt@thecolonytx.gov if you have any questions.