

"You may request that this charge be dismissed by successfully completing a driving safety course or a motorcycle operator training course under the Code of Criminal Procedures Chapter 45, Art. 45.511. **YOU WILL LOSE THAT RIGHT IF YOU DO NOT PROVIDE THE COURT WITH YOUR WRITTEN REQUEST ON OR BEFORE YOUR APPEARANCE DATE. "THIS ARTICLE DOES NOT APPLY TO AN OFFENSE COMMITTED BY A PERSON WHO HOLDS A COMMERCIAL DRIVER LICENSE."**

DRIVING SAFETY COURSE AFFIDAVIT

Your Name (Print) _____ Citation _____ Date _____

The above named person, having been duly sworn upon oath states the following:

- a. I have not completed a Driving Safety Course under C.C.P. Chapter 56, Art. 45.0511, Driving Safety Course or Motorcycle Operator Training Course Dismissal Procedures for a traffic violation within the past 12 months immediately preceding the date of this citation.
- b. I am not currently enrolled nor approved to take a Driving Safety Course under C.C.P. Chapter 45, Art. 45.0511, nor have I taken one within the 12 months immediately preceding the date of this citation that is not yet reflected on my driving record as maintained by the Texas Department of Public Safety.
- c. I must pay court cost and administrative fee of \$110.00 by money order, cashier's check or credit card.
- d. I do possess a valid Texas Driver License or permit.
- e. I do have liability insurance/financial responsibility pursuant to the Transportation Code Sec. 601.053 which is attached to this affidavit.
- f. I understand that I will submit to the Court a certified copy of my Driving Record as maintained by the Texas Department of Public Safety. A form to order my Driving Record from the Texas Department of Public Safety can be obtained from the Court or from the following web site: www.texasonline.com (form DR-1).

Based upon the foregoing, I hereby waive trial and **ENTER a PLEA of () GUILTY or () NOLO CONTENDERE** and request that the Court defer proceedings for 90 days (3 mos.) to allow me to complete a Driving Safety Course approved by the Texas Education Agency. I understand that I must complete and return an **ORIGINAL COURT CERTIFICATE OF COMPLETION** to the Court for proper disposition.

Defendant's Signature: _____ Printed Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Defendant's Driver License: _____ Telephone Number: _____

Sworn to and Subscribed before me this _____ day of _____, 20_____

Notary Signature: _____ My Commission Expires: _____