

STATEMENT REQUIRED FOR REQUESTING DRIVING SAFETY COURSE:

Driving Safety Course Statement:

I _____ hereby plead (check one)
Printed Name

_____ **NO CONTEST or
GUILTY**

AND SWEAR AND AFFIRM THAT:

- ☐ I have enclosed proof that I possess a valid TEXAS **driver's license** or permit or I am active-duty military or active-duty military dependent. Example: Make copy of driver's license.
- ☐ I am not in the process of taking a Driving Safety Course for dismissal of a moving violation, nor have I taken a Driving Safety Course within the 12 months preceding the date of this alleged offense.
- ☐ I have enclosed **proof of financial** responsibility or a copy of my valid Liability Insurance card.
- ☐ I understand that I CANNOT take the Defensive Driving Course if I am accused of speeding 25 miles over the posted speed limit Or 95 MPH or more.
- ☐ I understand that I CANNOT take the Defensive Driving Course if I possess a CDL (Commercial Driver's License).
- ☐ I understand that I CANNOT take the Defensive Driving Course if I am speeding in a Construction Zone with workers present.
- ☐ I ENCLOSE a **MONEY ORDER or CASHIER'S CHECK in the amount of \$144.00** (\$169.00 if in a school zone) made payable to the **JUSTICE COURT OF IRION COUNTY.**

You must provide the Irion County Justice Court with a **3A Driving Record** from Texas Department of Public Safety within 30 days.

You will receive no further correspondence from this court. You must make your own arrangements to take the class.

1. I understand that I have 90 days from the citation date to complete the Driving Safety Course and furnish the court with the "Court" copy of the **Certificate of Completion** of the course.
2. I further understand that if I cannot complete the course and furnish the court with certificate of completion within the 90 days, I will remit the assessed fine by money order or cashier's check.

Enclose a copy of your (1) **driver's license**, (2) **vehicle insurance** and (3) **payment**.
Forward **driving record** within 30 Days.

Signed this _____ day of _____, 20____ Your Signature_____

Phone () _____ Email: _____

Mailing Address: _____