<u>Driving Safety CourseRequest Form</u>

Instructions: Complete this request form, sign and date**, attach a copy of your valid Texas Driver's License, Insurance** and forward to the Court via regular mail, fax or <mark>email in PDF format only</mark>. If you are mailing your request, please enclose a *Self-Addressed Stamped Envelope.* The Court will contact you with further instructions, by mail or email, once your request has been received.

Special Note for Juveniles: A defendant who is under the age of 17 **must** appear in open Court, with a parent or legal guardian, to enter a plea and request to take a Drivers Safety Course. Please contact the Court for an available court date.

<div align="center">

Judge Justin M. Joyce
Justice of the Peace, Precinct 3
12919 Dairy Ashford, Suite 100
Sugar Land, Texas 77478
Ph: (281)491-6016 Fax: (832)471-1842
eMail: JP3criminal@fortbendcountytx.gov

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Driver's License #: _____ DL State: _____

Ticket #: _____ Offense: _____

I, _____, Defendant, hereby enter my appearance on the complaint of the above listed offense. I understand that I have a right to a jury trial. I hereby **waive my right to a trial by jury**, enter my plea of (please circle one) **Guilty** or **No Contest** and request to take a driving safety course. I certify and affirm that:

- I have a valid Texas Driver's License;
- I currently maintain vehicle **financial responsibility** as required by the Texas Motor Vehicle Safety Responsibility Act, and have **attached proof** I have not taken the Driving Safety Course for ticket dismissal within the past twelve (12) months, **nor am I currently taking said course**;
- I **DO NOT** hold a Commercial Driver's License (CDL);
- I am not charged with any of the following offenses: Speeding 25 or more mph over the posted speed limit, Any offense occurring in a work zone with workers present, Passing a school bus while loading/unloading children or Failing to remain at the scene of an accident involving damage to a car or injury to a person.

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ eMail: _____