

# Keller Municipal Court

## SWORN REQUEST FOR DEFERRED DISPOSITION PROBATION (Moving and Parking Violations)



STATE OF TEXAS VS.

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Violation: \_\_\_\_\_

I, the above defendant in this cause, hereby make my motion for deferred disposition in this matter. In connection with this motion, I enter a plea of:

**GUILTY**

**NO CONTEST**

**(you MUST circle one)**

I hereby waive my right to a jury trial. I understand that **Deferred Disposition Probation** is offered solely by the discretion of the Court. I agree to **provide proof of current financial responsibility** as a condition of my deferred disposition for any and all "Failure to Maintain Financial Responsibility" violations. If you are **under the age of 25 years**, State law **requires you to complete a Driving Safety Course as a condition of the Deferred Disposition probation.**

1. I was charged with an offense eligible for deferred disposition and have verified this fact with the Court.
2. I was not charged with **exceeding** the posted speed limit of **25 miles per hour or more**.
3. I was not charged with speed **95 miles per hour or more**.
4. I do not possess a **commercial driver's license (CDL)** in any State.
5. I was not charged with a violation that occurred in a **construction with workers were present**.
6. I have not completed a deferred probation for dismissal of a ticket in one (1) year period. I am not currently on probation for any citation in any other Court.
7. I will make the full payment within 14 days after I receive notice my request was approved.
8. I will receive an electronic copy of my probation order to email address provided below. I understand I will be placed on probation **for 90 days. For Insurance violations 180 days (6 months)** and if successful, this citation will be dismissed. **IF I VIOLATE ANY** term of my probation, I will be schedule for a Show Cause hearing before the judge.

Violators 24 years of age (at time of citation) and under

\_\_\_\_\_ **(please initial here)** I am required to complete a driver's safety course and return the completion certificate to the court no later than ninety (90) days from the date the Court receives this form. Failure to provide proof of completion of the driver's safety class may result in a conviction of this offense being reported to the Department of Public Safety and will reflect on your driving record.

### DECLARATION

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_,

And my address is \_\_\_\_\_.

*I declare under the penalty of perjury that the foregoing is true and correct.*

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

/s/ \_\_\_\_\_

DECLARANT SIGNATURE

EMAIL ADDRESS

CELL NO.

\*Please submit completed requests to [courtemail@colleyville.com](mailto:courtemail@colleyville.com) and a copy of your photo identification. *Incomplete requests will not be processed.*