

## REQUEST FOR DEFERRED DISPOSITION

My name is \_\_\_\_\_ and

I received a citation for the offense of \_\_\_\_\_.

My citation number is \_\_\_\_\_.

I understand that I may have this charge dismissed by Deferred Disposition. I understand that being granted a Deferred Disposition is a privilege, not a right, offered solely at the discretion of the Court. I also understand that I must meet all eligibility requirements to receive the Court's consideration.

I swear that the following statements are true:

- I waive my right to trial and hereby enter a plea of NO CONTEST.
- I am charged with an offense eligible for Deferred Disposition and have verified this fact with the Court.
- I am not a Commercial Driver License holder charged with a Rules of the Road offense.
- I am not currently on probation for the dismissal of a traffic citation in another Court nor have I participated in a Deferred Disposition in the six months preceding the issue date of my citation.

I understand that if I am approved for a Deferred Disposition, I will be placed on probation for a period not to exceed 180 days, and I will receive a copy of my Deferred Disposition Order at the mailing address below.

I understand that if I violate any term of my probation this charge will not be dismissed, and a conviction will be reported to the Texas Department of Public Safety.

I further understand that, if I am under 25 years of age, I must complete a Driver's Safety Course and show proof of completion to the Court within 90 days of my approved request.

**The forgoing representations are true and correct in all respects, and by signing below I acknowledge the accuracy of the above statements.**

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**

Mailing address (required):

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_