

ALLEN MUNICIPAL COURT

SWORN REQUEST FOR DRIVING SAFETY COURSE (DSC)

My name is _____ and I received Citation Number _____. I understand that Texas law allows me to take a Driver Safety Course in order to have this charge dismissed. I understand that I can only make this request **within 20 working days from the issuance of the citation.** I also understand that I must receive the Court's permission BEFORE taking the course.

I swear that the following statements are true:

- 1. I waive my right to a jury trial and enter my plea of **NO CONTEST.**
- 2. I was not charged with speeding **more than 24 mph over** the posted speed limit. I was charged with an offense eligible for DSC and have verified this fact with the Court.
- 3. **I do not possess a commercial driver's license (CDL) in any state.**
- 4. I am providing the Court with a **PHOTOCOPY** of:
 - a. My valid **Texas Driver's License**, and
 - b. Proof of **Texas Liability Insurance** valid the day the ticket was issued and/or the day of this request.
- 5. I will **PAY** the State costs and fee in the amount of **\$144.00** or **\$169.00** (for citations issued in a School Zone) **within 10 days after** I receive a notice of approval.
- 6. I am **not** in the process of taking a DSC under Sec. 45.0511 of the Code of Criminal Procedure, which is not reflected in my driving record as maintained by the Texas DPS.
- 7. I have **not** completed a DSC for the dismissal of a traffic citation **within the twelve (12) month period preceding the date of this alleged violation.**
- 8. AFTER receiving approval from the Judge, I will receive from the court an instruction packet by e-mail to my address provided below, and I will read it carefully. I will complete my Driving Safety Course and obtain my driving record **NO LATER THAN 90 days from the date my request** has been approved by the Court. I will provide to the Court BOTH (a) the "COURT COPY" of my DSC certificate, and (b) my **Certified Driving Record (Type 3A)** issued by the Texas Dept. of Public Safety (DPS).

DECLARATION

My name is _____, my date of birth is _____, and my
 (FIRST) (MIDDLE) (LAST)
address is _____.
 (STREET) (CITY) (ST) (ZIP)

I declare under 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.

NOTE: Submit this request with a copy of your valid Texas Driver's License and proof of current Motor Vehicle Liability Insurance coverage through this [webpage](#).
INSUFFICIENT REQUESTS WILL NOT BE PROCESSED.