

ALLEN MUNICIPAL COURT

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

My name is _____ and I received Citation Number _____. I understand that I may have this citation dismissed by **Deferred Disposition (Probation)** in lieu of a conviction on my driving record. I understand that I can only make this request **within 20 working days from the issuance of the citation**. I also understand that Deferred Disposition Probation is a privilege, not a right, offered solely by the discretion of the Court. *(If you are under the age 25 years, State law requires that you complete a **Driving Safety Course** as a condition of deferred disposition probation).*

I swear that the following statements are true:

1. I waive my right to jury trial and enter my plea of NO CONTEST.
2. I was charged with an offense eligible for **Deferred Disposition** and have verified this fact with the Court.
3. I was **not** charged with **exceeding** the posted speed limit of **25 miles per hour or more**.
4. I was **not** charged with **speeding 95 miles per hour or more**.
5. I do **not** possess a **commercial driver's license (CDL)** in any State.
6. I was **not** charged with a violation that occurred in a **construction zone when workers were present**.
7. I have **not** had probation for dismissal of a traffic citation within the **one (1) year period** prior to the issue date of my citation. I am **not** currently on probation for any citation in any other Court.
8. I will make a payment of the **probationary fees and court costs** in the amount of \$_____ within **10 days after** I receive notice that my request is approved.
9. **AFTER** payment, I will receive an electronic copy of the probation order sent to my e-mail address provided below. I understand that I will be placed on Probation for a period **not to exceed six (6) months** and if successful, this citation will be dismissed. IF I VIOLATE **any** term of my probation, I will be scheduled for a **Show Cause hearing** before the judge.

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 the completed request and a photo of your Driver's License through this [webpage](#).
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.