



CORINTH MUNICIPAL COURT
REQUEST FOR DRIVER SAFETY COURSE

My name is _____ and I received Citation Number _____ for the offense of _____. I understand that Texas law allows me to take a Drivers Safety Course in order to have this charge dismissed in lieu of a conviction on my driving record. I understand that I can only make this request ON OR BEFORE the due date indicated on my citation. I also understand that I must receive the Court's permission BEFORE taking the course.

I swear or affirm the following statements are true:

- 1. I am the person named in the above-referenced citation.
2. I waive my right to trial and enter my plea of NO CONTEST. I was not charged with speeding in excess of 24 mph. 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 in any state.
4. I am providing the Court with BOTH a photocopy of:
a. My valid Texas Driver's License AND
b. Proof of Texas Liability Insurance valid the day of this request
5. I am enclosing PAYMENT of the State costs and administrative fee in the amount of \$ _____ along with this request. (I called the Corinth Municipal Court at 940-498-3201 to obtain this amount.)
6. I am not in the process of taking DSC under Sec. 543.103 of the Texas Transportation Code nor have I completed DSC which is not reflected in my driving record as maintained by the Texas DPS.
7. I have not completed DSC for the dismissal of a traffic citation within twelve (12) month period preceding the date of this alleged violation.
8. After receiving approval from the Judge, I will receive from the Court information mailed to my address provided below, and I will read it carefully. I will complete my Driver's Safety Course and obtain my driving record NO LATER THAN 90 days from the date my request has been approved by Court. Within 90 days I will provide BOTH (a) the "COURT" copy of my DSC certificate, and (b) my driving record from Texas DPS to the Court.
9. "Pursuant to Art. 39.14 of the Code of Criminal Procedure, I have certain rights to view documents or information pertaining to my criminal case. I hereby decline to review such information and request that the Court accept my plea herein."

By typing my name below, I acknowledge and agree that this constitutes my electronic signature.

Defendant Signature _____

Mailing Address (PRINT CLEARLY)

Defendant Email Address _____ Defendant Phone Number _____