

RETURN THIS FORM TO THE COURT IMMEDIATELY: P.O. BOX 426 RAYWOOD, TEXAS 77582

Honorable Ronnie Davis  
Justice of the Peace, Pct. 2  
Liberty County, Texas

**REQUEST FOR DRIVING SAFETY COURSE**

I, \_\_\_\_\_ HEREBY ENTER A PLEA OF NO CONTEST/GUILTY. I WAIVE MY RIGHTS TO A TRIAL AND AM REQUESTING PERMISSION TO TAKE A DRIVING SAFETY COURSE IN LIEU OF PAYING A FINE.

I STATE:

- \_\_\_\_\_ THAT I HOLD A VALID TEXAS DRIVERS LICENSE; OR AM A MEMBER, OR THE SPOUSE OR DEPENDANT CHILD OF A MEMBER OF THE US MILITARY FORCES SERVING ON ACTIVE DUTY.
- \_\_\_\_\_ THAT I DO NOT HOLD A COMMERICAL DRIVERS LICENSE (CDL).
- \_\_\_\_\_ THAT I AM NOT CHARGED ON THIS CITATION WITH EXCEEDING THE SPEED LIMIT BY 25 MPH OR MORE.
- \_\_\_\_\_ THAT I HAVE NOT COMPLETED A DRIVERS SAFETY COURSE FOR A TRAFFIC CITATION IN THE LAST YEAR.
- \_\_\_\_\_ THAT I HAVE CURRENT VALID INSURANCE IN MY NAME OR I AM LISTED AS A DRIVER ON A POLICY.

**ALL REQUIRMENTS LISTED ABOVE MUST BE MET TO BE ELIGIBLE FOR DRIVERS SAFETY COURSE.**

IF ALL REQUIRMENTS ABOVE ARE MET YOU MAY RETURN THIS FORM WITH THE FOLLOWING:

- \_\_\_\_\_ THE COURT COSTS OF \$146.00 IN THE FORM OF A MONEY ORDER MADE PAYABLE TO LIBERTY COUNTY.
- \_\_\_\_\_ A CURRENT VALID COPY OF YOUR INSURANCE. (MUST BE THE POLICY HOLDER OR LISTED AS A DRIVER)
- \_\_\_\_\_ A SELF-ADDRESSED STAMPED ENVELOPE.

\*\* IF YOU WOULD LIKE TO SUBMIT THIS FORM ALONG WITH YOUR INSURANCE VIA EMAIL AND PAY THE COURT COSTS OVER THE PHONE PLEASE CONTACT THE COURT FOR FURTHER INFORMATION. \*\* THERE WILL BE A SERVICE FEE TO PAY OVER THE PHONE.

YOU WILL HAVE 90 DAYS (FROM THE DATE THE REQUIREMENTS ABOVE ARE RECEIVED BY THE COURT) TO COMPLETE A TEXAS ACCREDITED DRIVERS SAFETY COURSE AND RETURN THE SIGNED COURT COPY TO THE COURT.

I UNDERSTAND THAT FAILURE TO PROVIDE THE COURT WITH MY SIGNED COMPLETION CERTIFICATE BY THE REQUIRED DATE WILL RESULT IN A WARRANT BEING ISSUED.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_