RETURN THIS FORM TO THE COURT IMMEDIATELY: P.O. BOX 796 HARDIN, TEXAS 77561

Honorable Cody Parrish
Justice of the Peace, Pct. 3
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 REQUIREMENTS LISTED ABOVE MUST BE MET TO BE ELIGIBLE FOR DRIVER'S SAFETY COURSE.

IF ALL REQUIREMENTS 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: _____