



Justice of the Peace, Precinct 1

*Joe C. Dale*

101 E Sam Rayburn Dr. Ste 202

Bonham, Texas 75418

903-583-7489 ph

903-583-2803 fax

Make check or money order payable to JUSTICE COURT, there is a \$30.00 fee for returned checks.

FAILURE TO APPEAR for this offense may result in you being denied renewal of your driver's license.

Appearance must be by mail or in person by the date you promised to appear. A Violate Promise To Appear will be filed against you if you don't make your appearance. This will increase the amount you owe considerably as well as cause a warrant to issue for your arrest. **\*\*A TELEPHONE CALL DOES NOT CONSTITUTE AN APPEARANCE \*\***

Please provide a self-addressed stamped envelope, if you wish a receipt be mailed back to you.

**APPLICATION FOR DRIVERS SAFETY COURSE:** DSC not allowed on construction zone offenses, or if you hold a CDL license.

**You must provide the following:** \$108.10 in court cost, a copy of your drivers license and a copy of your insurance card and a self addressed stamped envelope. You must be able to answer true to the questions below

I, \_\_\_\_\_, defendant do hereby enter a plea of (circle one) GUILTY or NO CONTEST and request 90 days to complete a drivers safety course and return the certificate and a copy of my driving record to the court as provided under Texas Law, to wit:

(T/F) I UNDERSTAND I MUST HAVE A VALID TEXAS DRIVERS LICENSE AND HAVE PROVIDED COPY TO THE COURT.

(T/F) I AM NOT IN THE PROCESS OF TAKING A DSC, NOR HAVE I TAKEN ONE IN THE PREVIOUS 12 MONTHS.

(T/F) I UNDERSTAND THAT I MUST OBTAIN A COPY OF MY DRIVING RECORD AND RETURN TO THE COURT WITH MY CERTIFICATE OF COMPLETION FOR DSC.

(T/F) I HAVE PROVIDED THE COURT WITH A COPY OF PROOF OF LIABILITY INSURANCE AS REQUIRED BY SEC. A1, TEXAS MOTOR VEHICLE SAFETY ACT WITH THIS APPLICATION.

(T/F) I UNDERSTAND THAT FAILURE TO COMPLY WITH ALL THE ABOVE REQUIREMENTS WILL RESULT IN ASSESSMENT OF THE FINE AND THE RESULTS BEING A CONVICTION.

**I UNDERSTAND that if I cannot answer TRUE to all questions that I am not eligible for Driving Safety Course. I understand I am responsible for completing a STATE APPROVED DRIVING SAFETY COURSE within 90 days and returning certificate to the court. I hereby, knowingly and willingly of my own free will and accord, enter the above plea, and waive my right to jury trial and agree to the conditions set by law and request permission to complete a DSC for the moving violation that I was cited for.**

Signature \_\_\_\_\_ date \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Drivers License # & State \_\_\_\_\_