

Driving Safety Request Form

All information on this form must be completed at the time of request with all items submitted or the request will not be processed.

My name is _____
(Please print)

I request driving safety for a: (select one of the following)

- Moving Traffic Violation (Sub Title C TC: 472.022 TC; 729.001 TC)
- Motorcycle operator training
- Safety restraint awareness course

I do hereby enter a plea of _____ No Contest (_____) or Guilty (_____)
DEFENDANT MUST INITIAL A PLEA

The court must have copies of these items attached to this request:

- 1) My driver's license number is _____ ST _____ Class _____
- 2) My liability insurance company is _____
Binder or Policy # _____

I remit the required driving safety court costs of: (NO CHECKS ACCEPTED)

- \$107 (Regular violations) Court Costs of \$ 97 + \$10 DSC Fee
- \$132 (School Zone violations) Court Costs of \$122 + \$10 DSC Fee

I understand that I am **NOT ELIGIBLE** for this request if I:

- HAVE COMPLETED A DRIVING SAFETY COURSE IN LIEU OF ANOTHER CITATION 12 MONTHS IMMEDIATELY PRECEDING THIS CITATION;
- I WAS ALLEGED TO BE SPEEDING 25 MPH OR MORE OVER THE SPEED LIMIT;
- I AM A HOLDER OF A COMMERCIAL DRIVER'S LICENSE.

DEFENDANT SIGNATURE

DATE _____