

Defendant's Name \_\_\_\_\_

Citation No. \_\_\_\_\_

Offense \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL # \_\_\_\_\_

**REQUEST FOR DRIVER'S SAFETY COURSE (DSC)**

I, the undersigned defendant, hereby enter my plea of NO CONTEST, waive my right to a trial by judge or jury, and request to take a driver's safety course to have the above referenced charge dismissed, upon successful completion. I understand that I may be required to come to Court and/or sign additional documents if my request is granted. I also agree to comply with all terms required for deferral of the citation. I also understand that certain offenses do not qualify for this option.

\_\_\_\_\_ (Initials) I, the undersigned defendant, do affirm I have not taken a driver's safety course within the preceding twelve (12) months to dismiss a traffic citation.

\_\_\_\_\_ (Initials) I affirm I have current vehicle insurance. **(Please provide copy of current insurance card)**

\_\_\_\_\_ (Initials) I, the undersigned defendant, do affirm I have a valid Texas driver's license **(Please provide copy of valid driver's license)**

**OR**

\_\_\_\_\_ (Initials) I am currently active duty military or the dependent of an individual that is active duty military. **(Please provide copy of military identification card)**

\_\_\_\_\_  
Defendant's Signature / Printed Name

\_\_\_\_\_  
Current Mailing City/State/Zip

\_\_\_\_\_  
Phone Number

Please mail this notice within twenty (20) days from the date of the citation.  
Jacksboro Municipal Court  
112 West Belknap  
Jacksboro, Texas 76458

**\*\*\*\*\*REMINDER\*\*\*\*\***

Please enclose this form, a copy of your current insurance card and current driver's License/military identification card.

Please contact the court for necessary fees and costs to be submitted with your request.

The Jacksboro Municipal Court can be contacted at (940) 567-6321.

