

# REPLY FORM

(Mail to the Justice Court indicated on the reverse side of this letter. Enclose your copy of the Citation with your reply. Enclose a self-addressed, stamped envelope if you need a receipt.)

Name (Print or type as it appears on your driver's license) \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Citation No. \_\_\_\_\_ Date of Citation \_\_\_\_\_ Date cited to appear on or before \_\_\_\_\_

### CHECK ONE:

- \_\_\_\_\_ 1. I hereby enter a plea of **GUILTY** and waive appearance for trial. **CASHIER'S CHECK OR MONEY ORDER (NO PERSONAL CHECKS ACCEPTED!)** in the amount of the fine(s) is enclosed. (Make your remittance payable to the Justice Court indicated on your citation.)
- \_\_\_\_\_ 2. I hereby enter a plea of **NOLO CONTENDERE / NO CONTEST** and waive my right to trial by jury. **CASHIER'S CHECK OR MONEY ORDER (NO PERSONAL CHECKS ACCEPTED!)** in the amount of the fine(s) is enclosed. (Make your remittance payable to the Justice Court indicated on your citation.)
- \_\_\_\_\_ 3. I hereby enter a plea of **NOT GUILTY** and request a trial by **JURY**. I understand the Court will notify me by mail of my trial date. Advise the Court of any changes in address.
- \_\_\_\_\_ 4. I hereby enter a plea of **NOT GUILTY** and waive my right to a jury trial and request a trial before the **JUDGE** (Bench Trial). I understand the Court will notify me by mail of my trial date. Advise the Court of any changes in address.

**NOTE: JUVENILES 16 & UNDER MUST APPEAR WITH PARENT OR GUARDIAN.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Fine Amount \_\_\_\_\_  
IF YOU FAIL TO RESPOND IN WRITING TO THIS TICKET BY THE APPEARANCE DATE SHOWN ON THE TICKET, AN ADDITIONAL CHARGE MAY BE ASSESSED AGAINST YOU FOR FAILURE TO APPEAR, AND DENIAL OF DRIVERS LICENSE RENEWAL

(DETACH HERE AND MAIL TO THE COURT INDICATED ON THE REVERSE.)

## REQUEST FORM FOR DRIVING SAFETY COURSE

(FAILURE TO REMIT THIS FORM ON OR BEFORE YOUR APPEARANCE DATE WILL RESULT IN INELIGIBILITY FOR THE COURSE.)

Please indicate True or False next to the statements listed. If any are False, you are NOT eligible for the Driving Safety Course and you must refer to the above form.

- \_\_\_\_\_ I hereby plead **NO CONTEST**.
- \_\_\_\_\_ I have **NOT** taken a driving safety course in lieu of paying a fine during the past twelve months.
- \_\_\_\_\_ I am **NOT** in the process of taking a driving safety course to dismiss another offense.
- \_\_\_\_\_ I have not completed a driving safety course that is not yet reflected on my driving record.
- \_\_\_\_\_ I understand I **CANNOT** take the driving safety course if I possess a commercial driver's license.
- \_\_\_\_\_ I understand I **CANNOT** take the driving safety course if the citation was issued in a Construction Zone with Workers Present.
- \_\_\_\_\_ I understand I **CANNOT** take the driving safety course in lieu of paying the fine if I am accused of speeding 25 miles an hour or more over the posted speed limit, or at a speed of 95 mph or more.
- \_\_\_\_\_ I **ENCLOSE** proof of a valid **TEXAS** driver's license or permit **OR** proof of active duty military service if I possess a non-Texas driver's license. (A photocopy is acceptable — **NO ORIGINALS PLEASE!!**)
- \_\_\_\_\_ I **ENCLOSE** proof of Financial Responsibility (Insurance). (A photocopy is acceptable—**NO ORIGINALS PLEASE!!**)
- \_\_\_\_\_ I **ENCLOSE** a money order or cashier's check made payable to Freestone County in the amount of \$144.00 (instead of the fine listed on the reverse.)
- \_\_\_\_\_ I **ENCLOSE** a self-addressed, stamped, business-size envelope in which the Court will mail me an application for a certified copy of my driving record, which I will send to Austin with the proper fee as required by law.
- \_\_\_\_\_ I understand that I am responsible for completing a **STATE** approved Driving Safety Course, and remitting the court copy of completion certificate to the Court before the expiration of the 90-day extension.

**IF YOU HAVE COMPLIED WITH THE ABOVE REQUIREMENTS, YOU ARE ELIGIBLE FOR THE COURSE AND ARE RESPONSIBLE FOR COMPLETING AN APPROVED COURSE AND REMITTING THE SIGNED COURT COPY OF THE COMPLETION CERTIFICATE TO THE COURT BEFORE THE EXPIRATION OF THE 90-DAY EXTENSION.**

SIGNATURE \_\_\_\_\_

Name (Print or type as it appears on your driver's license) \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Citation No. \_\_\_\_\_ Date of Citation \_\_\_\_\_ Date cited to appear on or before \_\_\_\_\_

### CHECKLIST:

When requesting the Driving Safety Course, make **SURE** you have included the following items:

1. The **COMPLETED**, Request Form for Driving Safety Course, as printed above;
2. A cashier's check or money order in the amount of \$144.00 payable to Freestone County;
3. A copy off your financial responsibility (insurance);
4. A copy of your valid Texas driver's license or permit; and
5. A self-addressed, stamped business-size envelope.

**NOTE: A LISTING OF DRIVING SAFETY COURSES IS IN THE YELLOW PAGES OF YOUR TELEPHONE BOOK UNDER "DRIVING INSTRUCTION." THE COURSE IS ALSO AVAILABLE BY VIDEO OR ON THE INTERNET.**