



COURTESY SHEET 2010

PROVIDED TO YOU BY

HON. OZELLE WILCOXSON

VAN ZANDT COUNTY JUSTICE COURT PRECINCT #3

P. O. BOX 648 WILLS POINT, TX 75169

www.vanzandtcounty.org

Please Read Carefully and Follow All Directions

The law requires you to appear in the court indicated on your citation.

You may appear in person, or by mail, and enter your plea.

Juveniles (age 16 and younger) are **REQUIRED** to appear before the Judge in Open Court, accompanied by a parent or guardian.

(Please contact the court to schedule the juvenile appearance).

DRIVING SAFETY COURSE

(CDL EXCLUDED)

You may be eligible to request a Driving Safety Course to dismiss an alleged offense. You must enter a plea in person or in writing of **no contest** or **guilty** on or before the answer date on the notice to appear/citation and: present in person or by counsel to the court a request to take the course; **or** send the court a written request to take the course by **certified mail, return receipt requested**, postmarked on or before the answer date on the notice to appear/citation.

QUALIFICATIONS: Initial each requirement met.

You are eligible to request this course if you:

- _____ Have a Valid Texas Driver's License
- _____ Have not requested or taken the course within the last 12 months and / or are not presently taking
- _____ Have not committed the offense of speeding in excess of 24 mph over the speed limit
- _____ Have not committed a serious traffic violation

WRITTEN REQUEST: Initial each

_____ I hereby plead **NO CONTEST** and request a **Driving Safety Course**. By signing the bottom of this form I swear or affirm that I meet the requirements stated above.

_____ I ENCLOSE proof of **FINANCIAL RESPONSIBILITY** (insurance) and a **PHOTO COPY of VALID TEXAS DRIVER'S LICENSE**

_____ I ENCLOSE a **CASHIER'S CHECK** or **MONEY ORDER** made payable to the **Hon. Ozella Wilcoxson, Justice of the Peace Precinct #3, P. O. Box 648 Wills Point, TX 75169** in the amount of **\$108.10** *(Includes \$98.10 Court Cost & \$10.00 Administration Fee)*

_____ I ENCLOSE a **SELF-ADDRESSED, STAMPED BUSINESS SIZE ENVELOPE** in which the Court will mail to 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 proper **completion certificate & certified copy of my driving record to the Court before the expiration of 90 days.** Failure to return said certificate and record may result in **WARRANTS** being issued.

Signed: _____ Date: _____

SWORN TO AND SUBSCRIBED TO BEFORE ME this the _____ of _____, 20____

Notary Public, State of _____

Name (PLEASE PRINT OR TYPE AS IT APPEARS ON YOUR DRIVER'S LICENSE) _____ Driver's License Number _____

Current Address _____ City, State, Zip Code _____ Phone Number _____

Citation Number / Date of Citation / Date of Birth / Date Cited to Appear on or Before _____