



COURTESY SHEET 2010

PROVIDED TO YOU BY

**HON. JUDGE DON KIRKPATRICK
VAN ZANDT COUNTY JUSTICE COURT PRECINCT #1
P. O. BOX 189 GRAND SALINE, TX 75140
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. Don Kirkpatrick, Justice of the Peace Precinct #1, P. O. Box 189 Grand Saline, Texas 75140** 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