

FRISCO MUNICIPAL COURT

SWORN REQUEST FOR DRIVING SAFETY COURSE (DSC)

My name is _____ and I received Citation Number _____. I understand that Texas law allows me to take a Driver Safety Course in order to have this charge dismissed in lieu of a conviction on my driving record. I understand that I can only make this request PRIOR to the court date indicated on my citation. I also understand that I must receive the Court's permission BEFORE taking the course.

I swear that the following statements are true:

- 1. I waive my right to a jury trial and enter my plea of NO CONTEST.
2. I was not charged with speeding more than 24 mph over the posted speed limit.
3. I do not possess a commercial driver's license (CDL) in any state.
4. I am providing the Court with A PHOTOCOPY of:
a. My valid Texas Driver's License and
b. Proof of Texas Liability Insurance valid the day the ticket was issued and/or the day of this request.
5. I will PAY the State costs and fee in the amount of \$144.00 or \$169.00(for citation issued in a School Zone) within 30 days after I receive a notice of approval.
6. I am not in the process of taking a DSC under Sec. 45.0511 of the Code of Criminal Procedure, which is not reflected in my driving record as maintained by the Texas DPS.
7. I have not completed a DSC for the dismissal of a traffic citation within the twelve (12) month period preceding the date of this alleged violation.
8. AFTER receiving approval from the Judge, I will receive from the court an instruction packet by e-mail to my address provided below, and I will read it carefully. I will complete my Driving Safety Course and obtain my driving record NO LATER THAN 90 days from the date my request has been approved by the Court. I will provide to the Court BOTH (a) the "COURT COPY" of my DSC certificate, and (b) my Certified Driving Record (Type 3A) issued by the Texas Dept. of Public Safety (DPS).

DECLARATION

My name is _____, my date of birth is _____, and my address is _____ and U.S.A.
(First) (Middle) (Last)
(Street) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20 ____.

_____/s/_____
EMAIL ADDRESS DECLARANT SIGNATURE

MOBILE NO. _____

NOTE: Submit this request with a copy of your valid Texas Driver's License and proof of current Motor Vehicle Liability Insurance coverage by mail or online at www.friscotexas.gov/ecourt. INSUFFICIENT REQUESTS WILL NOT BE PROCESSED.