

SWORN REQUEST FOR DEFERRED DISPOSITION PROBATION

“My name is _____ and I understand that I may be eligible to have my ticket dismissed by successful completion of Deferred Disposition Probation (“Deferred”) in lieu of a conviction. I understand that I must make this request **on or before the appearance date on my citation** and that I must meet all the eligibility requirements and comply with all probation conditions before my case will be dismissed. I also understand that Deferred is granted in the sole discretion of the Court. I do not hold a commercial driver’s license.

“I swear the following statements are true:

- 1) I waive my right to a trial and my right to appeal and enter a plea of **No Contest**. I was charged with an offense eligible for Deferred and I have verified this fact with the court.
- 2) I was not charged with speeding in excess of 80 mph or with speeding in excess of 30 mph over the posted speed limit.
- 3) I agree to pay a special expense fee of \$_____ at the same time I am making this request. I have contacted the Lewisville Municipal Court at (972) 219-3436 to ascertain the amount of the special expense fee.
- 4) I have not been granted Deferred in Lewisville in the past 12 months and I am not currently on Deferred in another court.
- 5) If I am charged with failing to provide proof of financial responsibility, I will provide a sworn affidavit establishing that I maintained, without lapse, financial responsibility, as defined by 601.051 T.C., during the entire deferral period at completion of my probation period.
- 6) After receiving approval from the Court, I understand I will receive a copy of my probation order mailed to me at the address listed below. I understand that I will be placed on probation for a period not to exceed 180 days and that if I violate any term or condition of Deferred, this citation will not be dismissed and a conviction will be reported as required by law.

Defendant’s Signature _____

Mailing Address (PRINT CLEARLY):

Sworn to and subscribed before me by the above-named Defendant on this the _____ day of _____, 200_____.

Notary Public State of _____
(seal)

WARNING!

Insufficient requests will be denied and returned. If you are not making this request in person, a notary public must sign this form.

**Lewisville Municipal Court
1197 West Main Street (P.O. Box 299002), Lewisville, TX 75029
Phone (972) 219-3436**