

**\* PLEASE HAVE YOUR INSURANCE COMPANY COMPLETE AND NOTARIZE THIS FORM. IF AN ORIGINAL INSURANCE AFFIDAVIT IS PRESENTED TO THE COURT PRIOR TO YOUR COURT DATE AN APPEARANCE WILL BE UNNESSECARY. \***

**LEWISVILLE MUNICIPAL COURT**  
**INSURANCE VERIFICATION AFFIDAVIT**

Pursuant to section 601.193(b) of the Texas Transportation Code, the Court is required to verify the authenticity of a document produced in defense to prosecution of a charge of Fail to Provide Proof of Financial Responsibility. In accordance with this section, you are asked to make the following statement:

“As agent or representative of \_\_\_\_\_, I (Name of insurance company) certify, that I have reviewed the official business records of the above-referenced insurance company and I have determined that the person listed below was insured driving the \_\_\_\_\_ (vehicle year, make, model and VIN #), operated on \_\_\_\_\_ (offense date) for the alleged offense of **Fail to Maintain Financial Responsibility** that was received in The City of Lewisville, the defendant, \_\_\_\_\_ (Defendant’s full name – printed), was covered by a motor vehicle liability insurance policy # \_\_\_\_\_ issued by said company that meets the minimum amounts of coverage required to establish financial responsibility under the Texas Transportation Code, said policy period

beginning \_\_\_\_\_ (Month/Day/Year)  
and ending \_\_\_\_\_ (Month/Day/Year)

“I understand that the information I am providing will be presented to the Lewisville Municipal Court for the express purposes of dismissing a charge of Failing to Provide Proof of Financial Responsibility and that the Court is relying on this affirmation to make its decision. I hereby swear or affirm, under penalty of perjury, that the foregoing information is true and correct and that I have authority to make the said representations.”

Signed this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

Subscribed and sworn to before me the undersigned authority on this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Notary  
Seal

\_\_\_\_\_  
Notary Public

Citation Number: \_\_\_\_\_ (upper right corner of ticket)