

**SWORN REQUEST FOR DRIVING SAFETY COURSE (DSC)**

“My name is \_\_\_\_\_ and I understand that I may be able to have this charge dismissed by successfully completing a Driving Safety Course (DSC) or a motorcycle operator training course. I understand that I may lose this right if I do not make my request **on or BEFORE the appearance date on my ticket.** I do not hold a commercial driver’s license.

“I swear the following statements are true and correct:

- 1) I waive my right to a trial and I enter a plea of No Contest.
- 2) I was not charged with speeding in excess of 24 mph over the posted speed limit and I was charged with an offense eligible for DSC which fact I have verified with the court.
- 3) **I am providing the court with a photocopy of BOTH my valid Texas driver’s license or permit and proof of financial responsibility that is valid as of the date of this request.**
- 4) After calling the Lewisville Municipal Court at (972) 219-3436 to ascertain the amount of the state costs and administrative fees, I am enclosing payment in the amount of \$ \_\_\_\_\_ along with this request.
- 5) I am not in the process of taking a DSC or motorcycle operator training course under §45.0511 of the Texas CCP, nor have I completed a DSC within the 12 months preceding the date of my ticket which is not reflected on my driving record as maintained by the Texas Department of Public Safety (DPS).
- 6) I agree to complete a DSC and present to the Court, **no later than 90 days** from the date that my request is approved, a certified copy of my driving record as maintained by the DPS and the “COURT” copy of the DSC certificate of completion or a verification of completion of the motorcycle operator training course;
- 7) I understand that my failure to fully comply with these requirements may result in a conviction that 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 \_\_\_\_\_, 201 \_\_\_\_.

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**  
**(972) 219-3436**