



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

My name is _____ and I received Citation Number _____ for the offense of _____. I understand that Texas law allows me to take a Drivers 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 **ON OR BEFORE the due 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 trial and enter my plea of **NO CONTEST**. I was not charged with speeding in excess of 24 mph. I was charged with an offense eligible for DSC and have verified this fact with the Court.
- (2) I do not possess a commercial driver's license in any state.**
- (3) I am providing the Court with **BOTH** a PHOTOCOPY of:
 - (a) My valid **Texas Driver's License AND**
 - (b) Proof of **Texas Liability Insurance** valid the day of this request.
- (4) I am enclosing PAYMENT of the State costs and Administrative fee in the amount of \$_____. (I called the Corinth Municipal Court at 940-498-3236 to obtain this amount.)
- (5) I am not in the process of taking DSC under Sec.543.103 of the Texas Transportation Code nor have I completed DSC which is not reflected in my driving record as maintained by the Texas DPS.
- (6) I have not completed DSC for the dismissal of a traffic citation within the twelve (12) month period preceding the date of this alleged violation.
- (7) AFTER receiving approval from the Judge, I will receive from the Court information mailed to my address provided below, and I will read it carefully. I will complete my Driver's Safety Course and obtain my driving record **NO LATER THAN 90 days** from the date my request has been approved by Court. Within 90 days I will provide BOTH (a) the "COURT" copy of my DSC certificate, and (b) my driving record from Texas DPS to the Court.

Defendant's Signature _____

Mailing Address (PRINT CLEARLY):

SWORN TO AND SUBSCRIBED before me by Defendant,

On this the _____ day of _____, (Year) _____.

NOTARY PUBLIC, STATE of _____
(Seal)

PLEASE NOTE: INSUFFICIENT REQUEST WILL BE DENIED!! If you are not making this Request in person, this form must be signed before a Notary Public.

Payments for Driver Safety Requests cannot be made on website.

**CITY OF CORINTH MUNICIPAL COURT
3300 CORINTH PARKWAY
CORINTH, TEXAS 76208
940-498-3236**