REQUEST FOR DEFFERED DISPOSITION
TOWN OF FAIRVIEW MUNICIPAL COURT
372 TOWN PLACE, FAIRVIEW, TX 75069
972-886-4240

(please print)
CITATION # _____DEFENDANT NAME: _____

I understand that I may have this citation dismissed by Deferred Disposition (Unsupervised Probation) in lieu of a convictin on my driving record. I understand that I can only make this request prior to the 15 business days after the issuance of my citation and I have verified that date with the Court. I also understand that Deferred Disposition is a privilege, not a righr, offered soley by the discretion of the Court. ***(If you are under 25 years of age, State law requires that you complete a Driver Safety Course as a condirion of deferred disposition)***

I swear that the fillowing statements are true:

1. I waive my right to jury trial and enter my plea of NO CONTEST.
2. I was charged with an offense eligible for Deferred Disposition and have verified this fact with the Court.
3. I was not charged with exceeding the posted speed limit 25 miles per hour or more.
4. I was not charged with 95 miles per hour or more.
5. I do not possess a commercial driver's license (CDL) in any State.
6. I was not charged with a violation that occurred in a construcrion zone when workers were present.
7. I have not been on deferred disposition for dismissal within one (1) year period prior to the issue date of my citation. I am not currently on probation for any citation in any other Court.
8. I am enclosing payment of the probation fine and costs in the amount of $_____ (verified with the Court) in the form of my personal check, money order or cashier check.
9. I am enclosing a copy of my current and valid driver's license.
10. I understand the phone number to contact the court for questions and to verify information is **972-886-4240**.
11. I understand that this request must be approved by the Judge and that I will receive a copy of the probation order sent to me by mail to the address I provide to the court. The Judge will decide my probation period not to exceed six (6) months and any additional condition that may be required. If successful, this citation will be dismissed. If I violate any term of my probarion, I wil be scheduled for a Show Cause hearing. The Judge may decide to enter a final judgment and a convicrion may be reported to the Texas Departmenr of Public Safety.

Defendant Signature: _____ D.O.B. _____

Mailing Address: _____
(full mailing address – including city, state, zip)

Phone:_____Email:_____

Sworn and subscribed before me by _____ on this the _____ day of

_____, _____.

_____
Notary

Make checks/moneyorders/cashier checks payable to: Town of Fairview
Mail request and payment to: TOWN OF FAIRVIEW, 372 TOWN PLACE, FAIRVIEW, TX 75069