

DRIVER SAFETY COURSE APPLICATION INFORMATION

You may be able to have this charge dismissed by entering a plea of no contest or guilty and successfully completing a Driver safety Course (DSC) or Motorcycle Operator training Course (MOTC). You will lose the right if, on or before your appearance date you fail to provide the Court with notice of your request to take the course.

*******ELIGIBILITY REQUIREMENTS: Please read carefully.** If you desire to take advantage of this DCS or MOTC under 45.0511 of the Code of Criminal Procedure, you must NOT have: completed a Driver Safety Course or Motorcycle Operator training Course to dismiss a ticket in the **12 month proceeding the date of your citation, hold a commercial driver's license (CDL) currently or at the time of the citation, you must not have exceeded the speed limit by 25 mph or more above the regular speed limit, received citation for passing a school bus, received a citation that occurred in a construction zone with worker's present.*******

If you qualify and you choose to take advantage of this please complete the form below and return with the following documents:

- _____ a. Photocopy of your current auto liability policy;
- _____ b. Photocopy of your valid Texas Driver's License**
** (MILITARY EXEMPTION: Active military, their spouses and dependents)
- _____ c. **Non-refundable** check, money order, or cashier's check payable to the "Orange County JP3" for court cost and \$10.00 fee, (NO FINE) in the amount of: **\$132.10**
(this amount is different than the amount on the front page)
- _____ d. **Mail or return in person** a photocopy or original of this COMPLETED and signed DSC/MOTC application to: Orange County Justice of the Peace, Pct. 3, 2524 Hwy 87 S, Orange, Texas 77630

I have read the Driver Safety Course instructions and I am eligible to take the DSC/MOTC.

I hereby waive my right to a trial by jury, discovery and plead: _____ GUILTY _____ NO CONTEST

At the time of the offense, I was driving: ☐ Automobile/truck OR ☐ Motorcycle

Citation Number: _____ Agency that gave you the Citation: _____

Description of Violation: _____

Name (First, MI, Last) as it appears on the Citation: _____

Telephone Number: _____ Date of Birth: ____/____/____

Address, as it appears on the Citation: _____

City: _____ State: _____ Zip Code: _____

Address, if different than on the Citation: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: ____/____/____

Upon receipt the Court will review your application and supporting documents and you will be mailed a copy of the terms and conditions of the deferral to the address listed above. Please make sure your mailing address is correct if different from the address on the citation. Terms of deferral will require that you obtain a driving record from DPS, which you will mail, upon completion of DSC, back to this office.

***If this DSC/MOTC Application is postmarked on or before your court date,
you **DO NOT** have to appear in court.***