



**WAIVER OF SHOW CAUSE HEARING  
FOR DRIVERS SAFETY COURSE OR DEFERRED DISPOSITION**

Citation Number: \_\_\_\_\_

Offense: \_\_\_\_\_

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

**I the undersigned Defendant, by my signature, have previously requested a Deferred Disposition or Driver's Safety Course for my citation above, and hereby request the Court the following:**

**Drivers Safety Course – INITIAL EACH ONE:**

\_\_\_\_\_ I have not completed state approved Driver's Safety Course (DSC) and / or I have not obtained a certified copy of my driving record indicating that I have not completed a Drivers Safety Course within the last twelve (12) months prior to my citation.

\_\_\_\_\_ Even if I still have time to complete my DSC requirements, I am telling the Court that I no longer wish to ask that this citation be dismissed by completion of a Driver's Safety Course and that I do not wish to appear before the Court to ask for more time to complete the requirements of the Court's DSC order.

\_\_\_\_\_ I am waiving my right to a hearing to determine whether or not I completed all of the terms of the Court's order necessary to have the case dismissed as provided under T.C.C.P. Sec. 45.0511.

**Deferred Disposition – INITIAL EACH ONE:**

\_\_\_\_\_ I am telling the Court that I no longer wish to ask that this citation be dismissed by completion of the Deferred Disposition program and that I do not wish to appear before the Court to ask for more time to pay the requirements of the Court's Deferred order.

\_\_\_\_\_ I understand that the Court will impose judgment of conviction, apply the fees paid toward payment of all court costs. I agree to pay the balance due after applying fees paid prior to my default.

\_\_\_\_\_ I am waiving my right to a hearing to determine whether or not I completed all of the terms of the Court's order necessary to have the case dismissed as provided under T.C.C.P. Sec. 45.051.

**I am requesting the Court accept my payment of \$ \_\_\_\_\_ and enter a final judgment of conviction and this will be reported to the State of Texas.**

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address : \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Telephone : \_\_\_\_\_

