TROPHY CLUB

DEFERRED DISPOSITION APPLICATION

(MUST BE RECEIVED ON OR BEFORE YOUR INITIAL APPEARANCE DATE ON YOUR CITATION)

Please Initial and complete the ENTIRE form below:

_____ I do **NOT** hold a commercial driver's license (CDL) at the time of the offense;

_____ My citation was **NOT** issued in a construction zone with workers present;

_____ My citation was **NOT** for Speeding 25mph or more over the posted speed limit;

_____ If I am **24 years of age, or younger**, I understand I must complete a Driving Safety Course (DSC) as required by the State for Deferred Disposition; I further understand I will have 90 days to complete and return the Certificate and I will be placed on a **90 day probation for Deferred**;

_____ I am submitting the total cost and fine with my application $_____which I have verified with the Trophy Club Municipal Court: 817-491-0813;

_____ I have enclosed a copy of my valid Driver's License or ID;

_____ I waive my right to a trial and my right to discovery and request the Court defer further proceedings for the deferral period.

DEFERRED DISPOSITION REQUEST

I WISH TO ENTER A PLEA OF: **GUILTY _____** **NO CONTEST _____**

I do hereby waive my right to a jury trial and request Deferred Disposition. I understand that the Court will defer further proceedings without entering an adjudication of guilt and place me on probation for a period of five (5) days (25 years old and over) or ninety (90) days (24 years old and younger) during which time I must not receive any traffic violations.

AFFIDAVIT OF ELIGIBILITY

I, the defendant in the below entitled cause, do hereby swear or affirm to the conditions ordered by the Judge. I have reviewed the requirements and I believe I am eligible to request Deferred for my citation. After receiving approval from the Court, I understand I will receive a copy of my probation order by mail to the address listed below. I also understand that Deferred is granted in the sole discretion of the Court. The foregoing representation is true and correct in all respects, and by signing below I acknowledge the accuracy of the above statement.

YOU MUST PRINT CLEARLY, OR YOUR REQUEST MAY BE DENIED

_____ _____

Citation Number Email Address

_____ _____

Defendant's Name Defendant's Signature Date

_____ _____

Current Address, City, State, Zip Code Phone Number

WARNING: LATE OR INCOMPLETE REQUESTS WILL BE DENIED

MUNICIPAL COURT OF TROPHY CLUB, TEXAS

TROPHY CLUB MUNICIPAL COURT
609 DALLAS DRIVE, ROANOKE, TX 76262
817-491-0813