

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

My name is \_\_\_\_\_ and my ticket/citation number is \_\_\_\_\_(located upper right corner). I understand that I may be able to have this charge dismissed by successfully completing a Driving Safety Course (DSC) or a motorcycle operator training course. I understand that I may lose this right if I do not make my request **on or BEFORE the appearance date on my ticket.**

**I swear the following statements are true and correct:**

- 1) I waive my right to a trial and I enter a plea of No Contest;
- 2) I was not charged with speeding in excess of 24 m.p.h. over the posted speed limit and I was charged with an offense eligible for DSC which fact I have verified with the court;
- 3) I am providing the court with a photocopy of **BOTH** my valid Texas driver’s license or permit and proof of financial responsibility that is valid as of the date of this request;
- 4) After calling the Justice of the Peace, Pct. 2 court at **972-434-7200** to ascertain the amount of the state costs and administrative fess, I am enclosing payment in the amount of \$\_\_\_\_\_ along with this request; **NO PERSONAL CHECKS WILL BE ACCEPTED. MONEY ORDER OR CASHIERS CHECKS ONLY.**
- 5) I am not in the process of taking a DSC or motorcycle operator training course under §45.0511 of the Texas CCP, nor have I completed a DSC within the 12 months preceding the date of my ticket which is not reflected on my driving record as maintained by the Texas Department of Public Safety (DPS);
- 6) I agree to complete a DSC and present to the Court, **no later than 90 days** from the date that my request is approved, a certified copy of my driving record as maintained by the DPS, and the “COURT” copy of the DSC certificate of completion or a verification of completion of the motorcycle operator training course;
- 7) I understand that my failure to fully comply with these requirements may result in a conviction that will be reported as required by law.
- 8) Mail complete form with money order, copy of driver’s license and insurance card to 6301 Main Street, #100, The Colony, TX 75056

Defendant’s Signature \_\_\_\_\_ Telephone No \_\_\_\_\_

Mailing Address (PRINT CLEARLY)

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**WARNING!**  
**Insufficient requests will be denied and returned.**