



**SWORN REQUEST FOR DEFERRED DISPOSITION**

My name is \_\_\_\_\_ and I received citation number \_\_\_\_\_ for the offense of \_\_\_\_\_. I understand that I may have this charge dismissed by Deferred Disposition in lieu of a conviction on my driving record. I understand that I can only make this request **on or before my appearance date**. I also understand that Deferred is a privilege, not a right, offered solely by the discretion of the Court. **If you are under the age 25 years, State law requires that you complete a Driver Safety Course as a condition of deferred disposition.**

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

1. I waive my right to trial and enter my plea of **NO CONTEST**.
2. I was charged with an offense eligible for Deferred and have verified this fact with the Court.
3. **I do not possess a commercial driver's license in any state.**
4. I am not currently on probation for any citation in any other Court.
5. I have not had deferred disposition for dismissal of a traffic citation within the twelve (12) month period prior to the issue date of my citation.
6. I am enclosing **PAYMENT** for the special expense fee and cost in the amount of \$\_\_\_\_\_ along with this request. (Please call the Sanger Municipal Court at **940-458-7131** to obtain this amount).
7. **AFTER** receiving approval from the Judge, I will receive a copy of my deferred order emailed or mailed to my address provided below. I understand that I will be placed on deferred for a period of time not to exceed (6) six months. If I violate any terms of my deferred, I will be scheduled and required to appear in court for a show cause hearing. The court may decide to enter a final judgment and a conviction may be reported to the Texas Department of Public Safety.

\_\_\_\_\_  
Defendant's Signature Date

\_\_\_\_\_  
Mailing Address Cell Phone Number

\_\_\_\_\_  
Email Address