



UNIVERSITY PARK MUNICIPAL COURT
3800 University Boulevard * University Park, Texas 75205
Phone: 214-987-5331 Fax: 214-987-5335
www.uptexas.org

APPLICATION FOR DRIVER SAFETY COURSE (DSC) (ART. 45.0511 (b) CCP)

IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT

***** MOVING VIOLATIONS ONLY/ ONLINE REQUEST NOT ELIGIBLE FOR PERSONS UNDER 17*****

NAME DATE CITATION NUMBER

ADDRESS CITY STATE ZIP

PHONE NUMBER E-MAIL ADDRESS

To qualify for the Driver Safety Course you must meet the following requirements;

- Must be at least age 17 at time of offense.
- Must have a valid TEXAS driver's license or permit or proof of active military duty.
- **Do not hold a CDL license.**
- Violation was not in a work zone with workers present.
- The citation was not a result of an accident.
- You were not speeding 25 MPH over the speed limit.
- You have not had a citation dismissed in the State of Texas as a result of completing a Driver Safety Course (DSC) within the past 12 months.
- You must not have illegally passed a school bus loading or unloading.
- I understand that I must enter a plea of Guilty or No Contest.
- **You must mail this request via certified mail or file in person.**

Please enclose the following: a **copy of your driver's license, proof of Insurance, AFFIDAVIT (signed by a notary)**, your plea of **GUILTY** or **NO CONTEST** and a **CHECK** or **MONEY ORDER** payable to **CITY OF UNIVERSITY PARK** for **\$144.00 (if in school zone \$169.00)** and mail along with this form to **UNIVERSITY PARK MUNICIPAL COURT- 3800 University Boulevard, University Park, TX 75205.**

I hereby enter a plea of ☐ Guilty ☐ No Contest (check one) to the violation of _____ and waive my right to a jury trial or a trial before the court, and waive my right to Discovery under Art. 39.14 TCCP and request a Driver Safety Course. I understand that if I successfully complete the terms of the request in a timely manner, my case will be dismissed. If I do not successfully complete the terms of the Driver Safety Course, a notice to appear in court will be sent to show cause why I did not complete the terms of Driver Safety Course as ordered. Furthermore, I understand that if I do not show sufficient cause, the Driver Safety Course will be revoked and a judgment of guilty entered and may be reported to the Texas Department of Public Safety in accordance with Texas Code of Criminal Procedure, Art. 27.14(c). I understand I have a duty to inform the court of any change in my address or phone number.

Defendant's Signature

Date

A F F I D A V I T

I, _____, state under oath that on the date of my request for a driving safety course/motorcycle operator training course in the above numbered docket that I was not taking such a course nor had I completed one within the 12 months preceding the date of my current offense that is not shown on my driving record as maintained by the Texas Department of Public Safety (or as maintained by the state that issued my driver's license-active military duty personnel only.)

Defendant's Signature

Sworn and Subscribed before me, the undersigned authority on this the _____ day of _____ 20_____.

Notary Public in and for the State of Texas