

KENEDY COUNTY



JUSTICE OF THE PEACE, PCT 1

Honorable Judge J. Norrell

119 N. Main St./PO Box 8 ~ Sarita, TX 78385 ~ P. (361) 294-5785 ~ F. (361) 294-5788

Email: precinct1@co.kenedy.tx.us

Deferred Disposition Request

For all offenses EXCEPT No Insurance, No Driver's License, and Driving While License Invalid

Defendant's Name as on citation (Print)

Citation Number

Answer Yes or No to the following questions:

- | | | |
|--------------------------|--------------------------|--|
| <u>Yes</u> | <u>No</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on deferred disposition (probation) for any other citation in Kenedy County, Pct. 1? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received another citation for this charge within the past twelve (12) months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you completed an approved Driver's Safety Course in the past twelve (12) months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an accident involved at the time you received your citation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you cited for driving 25 mph or more over the posted speed limit? |

Note: Persons holding a valid CDL - Commercial Driver's License are ineligible for deferred on moving violations.

AFFIDAVIT

Initial each statement that is applicable:

_____ I have a valid driver's license or permit (from the state of residency).

_____ I have proof of insurance, and I am listed as a driver on the insurance policy or insurance card.

Plea (You MUST enter a plea before the Judge will consider your request for deferred disposition.)

I hereby enter my plea of **(Initial One)** _____ No Contest OR _____ Guilty

To the offense of _____ and ask the court

grant me Deferred Disposition. I understand that as a condition of my deferment, I cannot commit an offense against the State of Texas while under this court order. Furthermore, I understand that if I am under the age of 25, by law, I will be required to take a driver's safety course to receive deferred disposition. I also understand that if my request is denied, a Judgment of **Convicted** will be entered, which may result in the conviction being reported of my driving record.

Initial One:

_____ I plan to pay any fees in full which will include a \$25 special expense fee for deferred. Call the court at 361-294-5785 for fees.

_____ I am not indigent, but I request that I be allowed to pay out by installments, the fee(s) and cost pursuant to the terms and conditions set by this Court.

_____ I am indigent and request an Indigency Hearing. I request that I be allowed an alternative sentence as prescribed by the Court.

Defendant's Signature

Date

Defendant's Address

Driver's License

Defendant's City, State, Zip

Date of Birth

Defendant's Email

Phone Number