

KENEDY COUNTY



JUSTICE OF THE PEACE, PCT 4

Honorable Judge C. G. SCHULZ

220 La Parra Ave./PO Box 8 ~ Sarita, TX 78385 ~ P. (361) 294-5787 F. (361) 294-5788

Email: lucia.longoria@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. 4? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received another citation for this charge within the past twelve (12) months? Have |
| <input type="checkbox"/> | <input type="checkbox"/> | you completed an approved Driver’s Safety Course in the past twelve (12) months? Was |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 361-294-5787 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