

Cause Number: LPD \_\_\_\_\_

The State of Texas  
Vs

In the Municipal Court of  
City of Lake Worth  
Tarrant County, Texas

**MOTION TO DISMISS**  
**DISABLED PARKING (HANDICAP) PLACARD VIOLATION**  
**(DEFENDANT NOT PLACARD HOLDER)**

I am the defendant in the above entitled and numbered cause and hereby enter a plea of Not Guilty to the said offense and would show the Court the following:

1. I have been charged with the offense of: Parking in a Handicapped Space without a placard;
2. I was the driver of the vehicle and \_\_\_\_\_ (print placard owner's name) was with me at the time of the offense and had a valid handicap placard issued by the Department of Motor Vehicle at the time of offense;
3. As evidence of such fact, I present the following:
  - A copy of my valid Driver's License
  - A copy of the handicap placard for the above named individual;
  - A copy of the handicap placard's driver license or ID if placard holder does not have a driver's license
  - The statement below signed by the placard holder

I understand that the Judge will dismiss the first violation of this offense at no charge. If I receive a subsequent charge for Parking in a Handicapped Space without a placard that I will be required to appear at a court date.

I understand that by entering this plea I am acknowledging either that the State has complied with all of my requests for discovery or that I have made no such requests.

Wherefore, the Defendant prays the Court dismiss the case now pending.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number Cell Number

**STATEMENT OF HANDICAP PLACARD HOLDER**

I, \_\_\_\_\_, (print placard owner's name) am the owner of a valid handicap placard issued by the Department of Motor Vehicles and the above named Defendant was transporting me at the time of offense.

\_\_\_\_\_  
Signature Date

**Mail form to: Lake Worth Municipal Court  
3805 Adam Grubb  
Lake Worth, Texas 76135**  
**Fax form to: 817-237-1333 Attn: Municipal Court  
Call to verify form received**

(Court Clerk Initial and Date) Rcvd By: \_\_\_\_\_ Date: \_\_\_\_\_