

CAUSE NUMBER: _____

THE STATE OF TEXAS

VS

§
§
§
§
§

IN THE MUNICIPAL COURT OF

CITY OF LAKE WORTH

TARRANT COUNTY, TEXAS

**DEFENDANT'S MOTION TO DISMISS
FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY**

I am the Defendant in the above styled and numbered cause and hereby enter my plea of Not Guilty and would show the Court the following:

I have been charged with the offense of: **FAILURE TO SHOW PROOF OF FINANCIAL RESPONSIBILITY.**

At the time I received the citation there was in existence and in effect a valid and current insurance policy complying with Texas minimum liability standards insuring me as the driver or insuring the vehicle I was driving.

Attached is a true and correct copy of the written proof of insurance as provided to me by my insurance company or by the insurance company which insured the vehicle I was driving and the Lake Worth Municipal Court may verify the validity of the proof I have provided.

I understand that if the provided insurance cannot be verified, I will be required to appear in court with the Judge and that a court date will be mailed to me at the address I have on file with the court.

Signature

Date

Address

City

State

Zip

Phone Number

Cell Number

**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: _____