



Lake Worth Municipal Court
3805 Adam Grubb, Lake Worth, Texas 76135
phone 817.255.7910 fax 817.237.1333
email court@lakeworthtx.org www.lakeworthtx.org

STATE OF TEXAS VS.

DEFENDANT NAME:

CITATION NUMBER:

OFFENSE:

REQUEST FOR DRIVING SAFETY COURSE (DSC)

I hereby enter my appearance on the complaint of the above stated offense. I understand that I have a right to a jury trial. I hereby waive my right to a jury trial and elect to take a Driving Safety Course. I further 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.

I enter a plea of: (MARK ONE) ☐ GUILTY or ☐ NOLO CONTENDERE (No Contest)

I understand that I must present to the court with this request: (initial each)

- ☐ A valid Class C Texas Driver License or permit;
Military Personnel or Dependent: A military ID and valid DL;
- ☐ Proof of financial responsibility (automobile liability insurance);
- ☐ Payment of court costs and administration fee totaling \$144.00;
For violations occurring in school zones: Payment of court costs and administration fee totaling \$169.00;

I understand that I must present to the court within 90 days of being granted the Driving Safety option: (initial each)

- ☐ A certified copy of my driving record from the Department of Public Safety (DPS).
- ☐ A uniform certificate of driving safety course completion from a Texas Education Agency approved Driving Safety Course.
- ☐ A Driver's Safety Affidavit stating I have not completed a DSC course in the last 12 months (provided by the court).

I understand that: (initial each)

- ☐ If I complete a driving safety course within the required time, the charge against me will be dismissed and the court will report to the Department of Public Safety the completion date of the driving safety course for inclusion on my driving record.
- ☐ If I fail to present to the court proof of completion of the driving safety course and a copy of my driving record within the time required, the court will require my appearance at a show cause hearing.

Defendant's Signature

Date

Address

City

State

Zip

Phone Number

Return form to the court with a legible copy of a Texas DL and Proof of Insurance

Mail: Lake Worth Municipal Court, 3805 Adam Grubb, Lake Worth, Tx 76135

Fax: 817-237-1333

Email: court@lakeworthtx.org

Call to verify form received 817-255-7910

You must return this form to the Municipal Court **in person, by email or fax, or by certified mail postmarked on or before your appearance date.** **INCOMPLETE** or **LATE** requests will be **DENIED**. You will receive a reply from the court to the address below with further instructions. You may not register for a DSC until you receive approval from the court.