

**IRVING MUNICIPAL COURT**

P.O. Box 152288, Irving, TX 75015  
305 N. O'Connor Road, Irving, TX 75061  
(972) 721-2451 Fax: (972) 721-2383

**AFFIDAVIT FOR DRIVING SAFETY COURSE (MOVING VIOLATIONS / NON-SCHOOL ZONE)**

NAME (print): \_\_\_\_\_

CAUSE NO (citation number): \_\_\_\_\_

I, the undersigned defendant, hereby waive the filing and reading of a sworn complaint, waive my right to trial (jury and/or non-jury) and enter my plea of guilty/no contest and request that the Court defer proceedings for a period of 90 days to allow me to complete a driving safety course approved by the Texas Central Education Agency. I understand by entering a plea of guilty/no contest, I agree to pay the court-ordered fines, court costs, and/or fees and a failure to do so may result in the issuance of a warrant for my arrest. I MEET THE FOLLOWING REQUIREMENTS OF ELIGIBILITY TO TAKE THE COURSE:

1. I have not completed any Driver Improvement or Driving Safety Course for the purpose of having a ticket dismissed during the twelve (12) months immediately preceding the date of the offense charged.
2. I am not in the process of taking a Driving Safety Course, nor have I completed a course under the Texas Transportation Code that is not yet reflected on my driving record as maintained by the Texas Department of Public Safety.
3. I have a valid Texas driver's license or permit. THIS IS NOT A COMMERCIAL DRIVER'S LICENSE NOR DID I HOLD A COMMERCIAL DRIVER'S LICENSE AT THE TIME OF THE ALLEDGED OFFENSE. Texas Driver's license or permit No.: \_\_\_\_\_
4. The alleged charge filed against me is NOT FOR SPEEDING 25 MILES PER HOUR OR MORE OVER THE POSTED LIMIT NOR WAS IT COMMITTED IN A CONSTRUCTION OR MAINTENANCE WORK ZONE WHEN WORKERS WERE PRESENT.
5. I have proof of financial responsibility. (Attach a copy of your policy or card).
6. I UNDERSTAND I AM REQUIRED TO PAY A NON-REFUNDABLE FEE OF \$114.00 to the court which includes a \$10 non-refundable Special Expense Fee at once. The \$114.00 fee (payable to the City of Irving) must be submitted with this notarized affidavit.
7. ADDITIONALLY, I UNDERSTAND I WILL BE REQUIRED TO SEND \$10.00 TO THE DPS AUSTIN (along with the form provided by the court after receiving this form and the \$114.00 fee) to obtain a certified copy of my driving record AFTER I have been approved to take a Driving Safety Course. I understand that I should allow 6-8 weeks to receive this record. THIS DOCUMENT IS REQUIRED BY STATE LAW FOR THE DISMISSAL OF THIS OFFENSE (AND MUST BE SUBMITTED TO THIS COURT).
8. I understand my correct address must now be on my driver's license.

Signature		Date		
Current Home Address	City	State	Zip	Place of Employment
Home Phone	Business Phone	Cell Phone	Email: _____	

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. My commission expires:

\_\_\_\_\_  
Notary Public, State of Texas

RETURN THIS AFFIDAVIT, THE \$114.00 ADMINISTRATIVE FEE, AND COPY OF INSURANCE NO LATER THAN 21 CALENDAR DAYS FROM THE DATE YOUR CITATION WAS ISSUED.