

101 W. Main St. Suite 130, Madisonville, Texas 77864 Phone: (936) 348-5151 Fax: (936) 348-3989

Deferred Disposition Request (Request is due on or before appearance date of citation)

	not eligible for	

** If you are 25 years or under, yo	ou will be required to co	omplete a Driver Safet	y Course.		
Ι,	hereby er				
NO CONTEST [NOLO- NOT ADMIT	PLEASE INITIAL ONE:				
GUILTY	=				
Driver's License No. / ID#	Citation No	Citation No Citation Date			
Mailing Address	- City		State,	- Zip	
·	,				
Telephone Number		Email Address			
**Please submit this form with					
□Copy of citation					
□ Driver License History (Type					
□Self-addressed stamped enve	_	DAWOR		20	
	SIGNED THIS	DAY OF		, 20	
				FENDANT SIGNA	ATURE
INFORMA	TION BELOW THIS LIN	IE IS FOR DEPARTMI	ENT USE ONLY	7	
				\Box GRA	NTED
				<u>□</u> D)	<u>ENIED</u>
SIGNED AND ENTERED THIS	DAY OF	, 20	<u>.</u>		
					JUDGE

Total Fee: \$ due:

DSC: □No □ Yes (due: _____)