



Everman Municipal Court of Record 212 N. Race St. Everman, TX. 76140

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### ONLINE REQUEST FOR DEFERRED DISPOSITION/PROBATION

CITATION NUMBER: \_\_\_\_\_

**PLEA:**

I, the above defendant in this case, hereby waive my right to trial and enter a plea of:

(Initial one) GUILTY NOLO CONTENDERE (No Contest)

"My name is \_\_\_\_\_ and I understand that I may be eligible to have my ticket dismissed by successful completion of Deferred Disposition ("Deferred") in lieu of a conviction. I understand that I must make this request on or BEFORE the appearance date on my citation and that I must meet all the eligibility requirements and comply with all probation conditions before my case will be dismissed. I also understand that Deferred is granted in the sole discretion of the Court.

By signing below, I AFFIRM THAT :

1. I **DO NOT** have a commercial driver's license (CDL) currently and did not have one at the time of the offense;
2. The offense was **NOT** committed in a construction zone with worker's present;
3. I was **NOT** speeding more than 25 miles per hour over the posted speed limit;
4. I will pay all required fees and court costs assessed by the judge;
5. If I was under the age of 25 at the time of the offense and charged with a moving offense, I will be required to take a driver safety course;

**"I Swear the following statements are true:**

- 1) I waive my right to a trial and my right to appeal and enter a plea of No Contest. I am charged with an offense eligible for Deferred and I have verified this fact with the court.
- 2) I am enclosing a copy of my ID (Driver's License, Permit, Passport, etc.).
- 3) If I am charged with failing to provide proof of financial responsibility, I will provide a copy of my current liability insurance.
- 4) After receiving approval from the Court, I understand I will receive a copy of my probation order mailed to me at the address listed below or emailed to the email provided on the Defendant Information Form. I understand that I will be placed on probation for a period not to exceed 180 days and that if I violate any term or condition of Deferred, this citation will not be dismissed and I will be set for a show cause hearing.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip

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

\_\_\_\_\_  
Home Number      Email Address



**FOR OFFICE USE ONLY:**

Deferred Offer: \$ \_\_\_\_\_ days deferred \_\_\_\_\_ under 25 DSC due by \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ To be paid in full on or before \_\_\_\_\_