

Mitzi French
Justice of the Peace, Pct.1
700 Main St., RM 102, Kerrville, Texas 78028
Ph 830-792-2230 Fax 830-792-2278

DEFERRED DISPOSITION APPLICATION
(MUST BE RECEIVED ON OR BEFORE YOUR INITIAL APPEARANCE DATE ON YOUR CITATION)

Please Initial and complete the ENTIRE form below:

- _____ I do NOT hold a commercial driver's license (CDL) at the time of the offense;
- _____ My citation was NOT issued in a construction zone with workers present;
- _____ My citation was NOT for Speeding 25mph or more over the posted speed limit;
- _____ If I am 24 years of age, or younger with a valid Texas Driver's License I understand I must complete a Driving Safety Course (DSC) as required by law; for Deferred Disposition; however, no Driver Record or Driving Safety Course Application is required unless specified by the court. I further understand I will have 90 days to complete and return the Certificate and I will be placed on 90 day probation for Deferred;
- _____ I am submitting the court costs along with the Special Expense fee with my application \$ _____ which I have verified with the Kerr County Justice of the Peace, Pct. 1 Court: 830-792-2230;
- _____ I have enclosed a copy of my valid Driver's License;
- _____ I waive my right to a trial and my right to appeal and enter a plea of No Contest.

DEFERRED DISPOSITION REQUEST

I WISH TO ENTER A PLEA OF: GUILTY _____ NO CONTEST _____

I do hereby waive my right to a jury trial and request Deferred Disposition. I understand that the Court will defer further proceedings without entering an adjudication of guilt and place me on probation for a period of 90 days during which time I must not receive any traffic violations.

AFFIDAVIT OF ELIGIBILITY

I, the defendant in the below entitled cause, do hereby swear or affirm to the conditions ordered by the Judge. I have reviewed the requirements and I believe I am eligible to request Deferred for my citation. After receiving approval from the Court, I understand I will receive a copy of my probation order by mail to the address listed below. I also understand that Deferred is granted in the sole discretion of the Court. The foregoing representation is true and correct in all respects, and by signing below I acknowledge the accuracy of the above statement.

Citation Number

Defendant's Name

Defendant's Signature

Date

Current Address, City, State, Zip Code Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20_____.

Notary Public in and for the State of Texas
My commission expires: _____

WARNING: THE COMPLETED FORM WITH PAYMENTS MUST BE RECEIVED IN THE COURT OFFICE ON OR BEFORE YOUR INITIAL APPEARANCE DATE ON YOUR CITATION.