COMPLIANCE PROOF – DISMISSAL REQUEST INSTRUCTIONS

YOU MUST COMPLETE THE FORM BELOW

RETURN IT TO THE COURT ALONG WITH THE FOLLOWING:

A COPY OF YOUR PROOF OF COMPLIANCE AS LISTED
DISMISSAL FEE AS LISTED

IMPORTANT:
WHEN YOU GET YOUR REGISTRATION RENEWED, YOU MUST TELL THE REGISTRATION CLERK THAT A CITATION WAS ISSUED FOR EXPIRED REGISTRATION. YOU WILL BE CHARGED A PENALTY FEE. IF THAT PENALTY FEE IS NOT ON YOUR RECEIPT THAT YOU PRESENT TO THE COURT, YOU CASE WILL NOT BE DISMISSED AND YOU WILL BE SET FOR COURT.

PLEASE CALL THE COURT IF YOU HAVE ANY QUESTIONS AT 972-347-3020

MAIL FORM AND PAYMENT TO:

PROSPER MUNICIPAL COURT
PO BOX 307
PROSPER, TX 75078

STATE OF TEXAS §

VS

§

_____ §

Defendant *(print your name)*

CITATION OR CASE NUMBER:

_____

OFFENSE DATE:

_____

For the offense of

_____

(print the offense as listed on the citation)

I enter my appearance by mail and waive my right to trial by jury or trial by court. I understand that by entering a plea by mail, providing payment and required documents, my court appearance will be waived as long as accepted by the Municipal Court Judge. Failure to include required documents and payment will result in my request being rejected. I also understand that it is my responsibility to provide a current and valid address to the court at the time of this submittal.

____**1)**Payment in full (total amount due is enclosed) _____ Guilty _____No Contest
I understand that my plea will result in a conviction on either a criminal or driver license record. Furthermore, If I have posted a cash bond, I give my permission to apply my bond towards all or part of the fine and costs due.

____**2)**No Contest plea and request deferred disposition – 90 days unsupervised probation (must include copy of Texas Driver License and appropriate fee. Must be eligible to make request. If I am under the age of twenty-five (25) I will be required to take a 6-hour driver safety course as a condition of the probation.

____**3)**No Contest plea and request driver safety course – 90 days to complete and turn in completion certificate for a six (6) Hour driver safety course approved by the State of Texas. I will also be required to submit a certified copy of my driving record from the Department of Public Safety. I must be eligible to take the course. This request must include, a copy of my current and valid Texas Driver License, a copy of my current liability insurance listing me as a covered driver and the required fee. DO NOT TAKE THE COURSE OR REQUEST THE DRIVING RECORD UNTIL REQUEST AND PAYMENT HAS BEEN RECEIVED AND APPROVED BY THE COURT. (PLEASE SEE ADDITIONAL ATTACHED FORMS)

_X_No Contest plea and proof of compliance w/fee (see below)

Expired Registration – must include
1. copy of renewal receipt showing proof that penalty fee has been paid to the state at the time of renewal
2. $20.00 dismissal fee (money order or cashier's check)

Expired Driver License – must include
1. Proof of renewal (if renewal was online – must include both online receipt and copy of expired DL)
2. $20.00 dismissal fee (money order or cashier's check)

Fail to Report Change of Address
1. Proof of change
2. $20.00 dismissal fee (money order or cashier's check)

Expired Disabled Parking Placard (if has been expired for less than 60 days)
1. Placard renewal (copy of placard)
2. Copy of valid driver's license attached to placard application or a copy of the application
3. $20.00 dismissal fee (money order or cashier's check)

Failure to Display Driver's License
1. Copy of Driver's License showing that is was issued prior to the day of the violation date
2. $10.00 dismissal fee (money order or cashier's check)

I have read and understand my plea and understand that this plea and request must be received by the court at least 24 hours prior to my court date or I will be required to appear in court. I also understand that it is my responsibility to follow all instructions returned to me by the court regarding my request and that I may contact the court at 972-347-3020 if I have any questions.

Date_____

_____

Defendant Signature Phone

_____

Address City/State/Zip