

# ALLEN MUNICIPAL COURT

## SWORN REQUEST FOR DEFERRED DISPOSITION PROBATION (Moving Violations and Parking)

My name is \_\_\_\_\_ and I received Citation Number \_\_\_\_\_. I understand that I may have this citation dismissed by Deferred Disposition (Probation) in lieu of a conviction on my driving record. I understand that I can only make this request **within 20 working days from the issuance of the citation**. I also understand that Deferred Disposition Probation is a privilege, not a right, offered solely by the discretion of the Court. *(If you are under the age 25 years, State law requires that you complete a Driving Safety Course as a condition of deferred disposition probation).*

### I swear that the following statements are true:

1. I waive my right to jury trial and enter my plea of NO CONTEST.
2. I was charged with an offense eligible for Deferred Disposition and have verified this fact with the Court.
3. I was not charged with exceeding the posted speed limit for 25 miles per hour or more.
4. I was not charged with speeding 95 miles per hour or more.
5. I do not possess a commercial driver's license (CDL) in any State.
6. I was not charged with a violation that occurred in a construction zone when workers were present.
7. I have not had probation for dismissal of a traffic citation within the one (1) year period prior to the issue date of my citation. I am not currently on probation for any citation in any other Court.
8. I will make a payment of the probationary fees and court costs in the amount of \$\_\_\_\_\_ within 10 days after I receive notice that my request is approved.
9. AFTER payment, I will receive an electronic copy of the probation order sent to my e-mail address provided below. I understand that I will be placed on Probation for a period not to exceed six (6) months and if successful, this citation will be dismissed. IF I VIOLATE any term of my probation, I will be scheduled for a Show Cause hearing before the judge.

### DECLARATION

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_, and my  
(FIRST) (MIDDLE) (LAST)  
address is \_\_\_\_\_.  
(STREET) (CITY) (ST) (ZIP)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

/S/ \_\_\_\_\_  
DECLARANT SIGNATURE

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mobile Number

NOTE: Submit the completed request and a photo of your Driver's License through this [webpage](#).  
Incomplete applications will not be processed.