

REPLY FORM DRIVING SAFETY COURSE

PLEASE PRINT OR TYPE:

Name _____

Citation # _____ Date of Citation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone _____ Home Phone _____

I hereby request to complete a Driving Safety Course CCP Art. 45.0511. Enclosed is a copy of my:

- TX Driver's License
- Proof of Insurance
- Return form on or before your appearance date **(30 days from date of citation)**.

Also, enclosed is a check or money order made payable to the **City of Cedar Hill**.
(Please contact the Court, 469-272-2930, for the correct amount.)

DECLARATION MADE UNDER PENALTY OF PERJURY

"My name is _____, my date of birth is _____, and my residence address is _____, _____, Texas 78_____, (Zip Code) in USA. I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas on the _____ day of _____, 2020

Signature of Defendant

Check One:

- I hereby enter a plea of **GUILTY** and waive appearance for trial and request to take a Driving Safety Course.
- I hereby enter a plea of **NOLO CONTENDERE (No Contest)** and waive my appearance for trial and request to take a Driving Safety Course.

Check One:

- I request a copy of my Driving Safety Course Requirements to be **emailed** to the email address provided above.
- I request a copy of my Driving Safety Course Requirements to be **mailed** to the current address provided above.

SIGNATURE

DATE

MAILING ADDRESS:

Cedar Hill Municipal Court
285 Uptown Blvd.
Cedar Hill, TX 75104