

## 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.)**

---

### AFFIDAVIT

I, \_\_\_\_\_, state under oath that I am not in the process of taking a driving safety course, nor have I completed a course that is not yet reflected on my driver's record as maintained by the Texas Department of Public Safety.

\_\_\_\_\_  
Defendant's Signature

**Sworn and Subscribed** before me, the undersigned authority on \_\_\_\_\_  
Date

---

(Notary Public in and for the State of Texas)

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

Email Address: court@cedarhilltx.com

Fax: 972-291-5113