AFFIDAVIT AND REQUEST TO TAKE DRIVING SAFETY COURSE

Your Name:			Citation #:		
The a	pove named defendant, having been dul	y sworn upon	oath states the follow	ing:	
1.	I have not completed nor am I currently taking or approved to take a Driving Safety Course (under Article 45.0511 Code of Criminal Procedure) for traffic citation issued within one year of the date of the citation and that is not reflected on my driving record.				
2.	I do have a TEXAS DRIVER'S LICE	A TEXAS DRIVER'S LICENSE OR PERMIT.			
3.	I have a vehicle insurance policy, a certificate of self-insurance or a financial responsibility certificate IMPORTANT NOTE: Your request for Defensive Driving will be denied, unless you submit proof that you are INSURED as required by law. THE PROOF MUST BE ATTACHED TO THIS AFFIDAVIT PHOTOCOPIES ONLY. ORIGINALS WILL NOT BE RETURNED.				
4.	I will provide a certified copy of my five (5) year driving record from the Texas Department of Public Safety before I take the course. Once the Court receives your request for driving safety course, an application for your driving record will be handed/mailed to you - courtesy of the Court.				
Court that I compl	upon the foregoing, I hereby waive to defer proceedings for 90 days so that MUST COMPLETE and RETURN eted a Driving Safety Course which is 29c), Vernon's Texas Civil Statutes) to the Defendant Signature: Print Name as Shown On Driver's License:	I may complet an ORIGINA is approved by the Court no la	te an approved Drivin AL COURT CERTIFY the Texas Driver a ter than 90 days from	ng Safety Course. I understand FICATE showing that I have nd Traffic Safety Act (Article the citation was issued to me.	
	Defendant's Mailing Address:City:	State:	Zip:		
	Telephone #:		TX DL #:		
			Sworn to and subscrib	day of	

Notary Public of State of Texas
Justice Court Clerk, Precinct Four

Atascosa County, Texas

My Commission Expires

^{*}Signature must be notarized.