

# APPLICATION FOR DRIVERS SAFETY COURSE

FANNIN COUNTY JUSTICE OF THE PEACE-PRECINCT ONE  
JUDGE ROYCE W. SMITHEY

101 E Sam Rayburn Dr. Ste 109  
BONHAM, TX 75418  
PHONE: 903-583-7489  
FAX: 903-583-2803



I hereby enter a plea of [  ] **Guilty** OR [  ] **No Contest** and request 90 days to complete the DSC course and return my certificate and copy of my driving record to the Court. You must be able to answer TRUE to the following questions:

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E

1. (**True or False**) I understand I must have a valid Texas Drivers License and have provided a copy to the court.(CDL NOT allowed)
2. (**True or False**) I am not in the process of taking a driving course, nor have I taken a driving course within the last 12 months.
3. (**True or False**) I understand that I must obtain a copy of my driving record and return to the Court along with my DSC certificate.
4. (**True or False**) The offense that I allegedly committed is a moving violation and is not a speeding offense for more than 24 mph over the limit as set by law.
5. (**True or False**) I have sent proof of liability insurance to the Court as required by Sec. AI, Texas Motor Vehicle Safety Act, with my application for DSC.
6. (**True or False**) Failure to comply will result in assessment of the fine.

*I UNDERSTAND that if I cannot answer True to all questions above that I am not eligible for DSC. I understand I am responsibly for completing a State Approved Driving Safety Course within 90 days and returning the certificate to the proper Court. I hereby, knowingly and willingly and of my own free will and accord, enter the above plea, and waive my right to a trial by jury and agree to the conditions set by law and request permission to complete a DSC, and return the COURT COPY certificate to the Court.*

**\*I HEREBY UNDERSTAND THE OPTION I HAVE CHOSEN, HAVE SIGNED BELOW, PAID COURT COST (\$110.00), PROVIDED A COPY OF MY DRIVERS LICENSE, AND A COPY OF INSURANCE TO THE COURT.**

DEFENDANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# DEFENDANTS INFORMATION FORM

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CASE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_