



APPLICATION/REQUEST FOR DEFERRED DISPOSITION

Citation No: _____

Printed Name _____

Printed Address _____

Ph: _____ Email: _____ Date/Birth: _____

I hereby plead no contest to the charge of O01, waive trial by jury and request that the court grant deferred disposition.

I understand that to qualify I must have:

- A Texas driver's license and evidence of financial responsibility (insurance).
- I understand that I must pay a special expense/fine in the amount of the \$200.00 plus all costs of court.
- I understand also that I cannot be on deferred disposition in the Crosbyton court or any court.
- I understand that I am not eligible, if I am now or was at the time of the citation, the holder of a commercial driver's license or if I have been cited for a violation occurring in a construction zone when workers were present.
- I understand that if I am under the age of 25, I must complete a driving safety course as a condition of deferred disposition and if I have a provisional driver's license, I will also be required to retake my driving test and pay the cost thereof.

DEFERRED DISPOSITION APPLICATION CHECKLIST:

- Enclosed is a copy of my Texas driver's license and proof of financial responsibility (insurance);
- Enclosed is a check or money order for the amount of the fine/special expense fee (and all costs of court), except adult seatbelt violations for which only the amount of the window fine is required;
- I am not presently on deferred disposition in this court or any other court;
- I do not have a CDL, nor did I have a CDL when I was cited;
- I was not cited for a violation that occurred in a construction zone when workers were present;
- If I am under 25 years of age, I understand that I'll be required to complete a driving safety course as an additional condition of deferred disposition;
- If I have a provisional driver's license, I understand that I'll not only have to complete a driving safety course but retake my driving test (at my expense) as well.

Signature _____ Date _____

Traffic/Moving Violations	FINE: \$200.00	+	COURT COSTS: \$134.00	=	\$334.00
			[+\$25.00 in school zone]		[School Zone = \$359.00]

Your application will be accepted by email, mail, fax or in person at the Court's transaction window.

**Be sure to keep a copy of all your paperwork for your records.

Money order/cashier check should be payable to: **Crosbyton Municipal Court**

Convenient Pay Portal: <https://www.cityofcrosbyton.org/>, click "Pay My Ticket".

Mailing Address: Crosbyton Municipal Court
221 West Main Street
Crosbyton, TX 79322

Email: crosbytoncourt@gmail.com

Telephone: 806-675-2301

Fax: 806-675-7012