



MUNICIPAL COURT
 P.O. BOX 1458 - KINGSVILLE, TX 78364
 E-mail: court@cityofkingsville.com
 Telephone: 361-592-8566

SWORN REQUEST FOR DEFERRED DISPOSITION

My name is _____ and I received Citation Number _____ for an offense within the City of Kingsville limits. I understand that I may have this charge dismissed by Deferred Disposition. I understand that I can only make this request prior to the court date indicated on my citation. I also understand that I must meet ALL the eligibility requirements to receive the court's permission. I also understand that Deferred is a privilege not a right, offered solely by the discretion of the Court.

I swear or affirm the following statements are true: (Check one ONLY)

1. I hereby waive my right to trial and enter my plea of _____ **NO CONTEST OR** _____ **GUILTY**. I was charged with an offense eligible for Deferred and have verified this fact with the Court.
2. I was not charged with exceeding the posted speed limit in excess of 29 miles per hour.
3. **I do not possess a commercial driver's license in any state and have provided a photocopy of my Driver's License with this request**
4. I have not had probation for dismissal of a traffic citation within twelve (12) month period prior to the issue date of my citation. I am not currently on probation for any citation in Kleberg County.
5. I am enclosing **PAYMENT** of the probationary fees in the amount of \$_____ along with this request. (I called the Kingsville Municipal Court at **361-592-8566** to obtain this amount) OR I am prepared to pay over the phone and **I will call 361-592-8566** with a Visa or MasterCard immediately upon submitting my deferral request (*I understand a card processing convenience fee in the amount of 2.75% of my total amount will be assessed*).
6. AFTER receiving approval from the Judge, I understand that I will be placed on Probation for a period of time not to exceed six (6) months and **IF I VIOLATE any term of my probation, this citation will not be dismissed, and a conviction will be reported to the Texas DPS.**

Are you under 25 years of age? Check One YES _____ NO _____

7. If I am under 25 years of age, I understand I must also complete a Driver's Safety Course and show proof to the Court of completion within ninety (90) days from this request.

"Pursuant to Art. 39.14 of the Code of Criminal Procedure, I have certain rights to view documents or information pertaining to my criminal case. I hereby decline to review such information and request that the Court accept my plea herein."

Defendant or Attorneys Signature: _____ **Date:** _____

Mailing Address (PRINT CLEARLY) _____

Clerk of the Court in the Municipal Court, City of Kingsville _____

If you are not making this request in person this form must be signed before a Notary Public.

SWORN TO AND SUBSCRIBED before me by the Defendant, On this the _____ day of _____ 20 _____

 Notary Public in the State of Texas

(SEAL)