

# County of Victoria

## Driving Safety Course or Motorcycle Operator Training Course Request Form

**Instructions:** With few exceptions, you have the right to complete a driving safety or motorcycle operator training course, as appropriate, if you are charged with an offense involving the operation of a motor vehicle. You do not have the right to complete a course if you hold a commercial driver's license, or if you held a commercial driver's license when the offense was committed, or if you are charged with passing a school bus, failing to stop and give information or render aid following an accident or on striking an unattended vehicle or fixture or highway landscape, or if you are charged with a traffic offense committed in a construction and maintenance work zone while workers were present, or if are charged with speeding 95 miles per hour or more, or if you were speeding 25 miles per hour or more over the posted speed limit. You must have a valid Texas driver's license or permit, or be a member of the United States military forces serving on active duty, or the spouse or dependent child of the member. You must have proof of financial responsibility (liability insurance). You may not take the course if you are taking the course at the time of this request, or if you have completed a course within the 12 months preceding the date of the offense.

**In order** to take an approved Driving Safety Course or Motorcycle Operator Training and Safety Program, you must elect and request to do so. You may complete this form and return it to the Court with a copy of your proof of liability insurance or other financial responsibility, and the payment of costs. This request must be received by the Court prior to the appearance date shown on your citation. If you intend to use the mail you must use certified mail, return receipt requested, postmarked on or before the answer date on your citation.

**You must pay court costs and fees in the amount of \$146.00, does not include the driving record or the actual course.** You may order your driving record the state electronic Internet portal at <http://www.state.tx.us/> or by sending an Application for Copy of Driver Record, **Form DR-1, 3A to:**

**Driver Records Bureau, Texas  
Department of Public Safety  
Box 149246, Austin, TX 78714-9246.**

### Do not take the course until you receive an Order from the court allowing you to do so.

**Juveniles:** A defendant who is younger than 17 years of age must appear in court with a parent, guardian, or managing conservator, to enter a plea and request to take a Driving Safety Course or Motorcycle Operator Training and Safety Program

IN THE JUSTICE COURT PRECINCT \_\_\_\_\_ VICTORIA COUNTY

Ticket No. \_\_\_\_\_

The State Of Texas vs. \_\_\_\_\_ (your printed name)

Offense: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

I plead **NO CONTEST** to an offense involving operation of a motor vehicle, and **I waive a trial by jury**. PLEASE CHECK ALL THAT ARE REQUIREMENTS TO BE ELIGIBLE. **I request to take:**

- a driving safety course       a motorcycle operator training and safety program (choose one)
- I have a valid Texas driver's license, number: (TX) \_\_\_\_\_.
- I DO NOT hold a commercial driver's license
- I am not taking and have not completed an approved driving safety course or motorcycle operator training course within the 12 months preceding the date of this offense.
- I am not charged with speeding 25 or more mph over the posted speed limit OR speed of 95 or more miles per hour.
- I have attached proof of financial responsibility as required by the Texas Motor Vehicle Safety Responsibility Act (Transportation Code Chapter 601).
- I have attached a cashier's check or money order in payment of the court costs and fees, in the amount of \$146.00
- I am a member of the United States military forces on active duty.  
If applicable: Division of Armed Services: \_\_\_\_\_

\*\*\*Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Defendant Information:** Driver's License No. State: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_