

JUSTICE COURT OF CLAY COUNTY, TEXAS

P.O. Box 71

214 N. Main Street

Henrietta, TX 76365

Phone 940.538.6531 FAX: 940.264.4161

REQUEST FOR DEFERRED ADJUCATION PROBATION

This form along with payment must be received by:_____

My name is _____ and my ticket/citation number is _____.

I understand that, if approved by the Court, I may have this charge dismissed by Deferred Disposition. I understand that I can only make this request **PRIOR to the appearance date indicated on my citation**. I also understand that deferred is a privilege, not a right, offered at the discretion of the Court.

I swear that the following statements are true:

1. I waive my right to trial and enter a plea of **NO CONTEST**.
2. I was charged with an offense eligible for Deferred and have verified this fact with the Court.
3. I was not charged with an offense in a work zone with workers present.
4. I do not possess a Commercial Driver’s License in any state.
5. My violation did not occur in a construction zone, where workers were present.
6. I have not had probation for the dismissal of a traffic citation within the six-month period prior to the issue date of my citation.
7. I am not currently on probation for a traffic citation in any other court.
8. I am enclosing PAYMENT of costs and fees in the amount of \$_____ with this request. (I was advised of this amount by contacting the court) Payment must be enclosed with this request or it will be denied. Please contact the Court if you need to make arrangements regarding the Payment.
9. If I am under 25 years of age, I understand that I must also complete a Driver’s Safety Course and show proof of completion to the Court within 90 days from the date the deferred order was signed by the Court.

After receiving approval from the Court, I will receive a copy of my probation order, by mail, at the address below. I understand that I will be placed on probation for a period, not to exceed six (6) months and if I **VIOLATE** any term of my probation, including fail to pay fees and costs, this citation will **not** be dismissed, and a **conviction will be reported to the Texas Department of Public Safety**.

Defendant’s Address: _____

Defendant’s Phone: _____ Email: _____

I hereby certify that all the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Clay County Justice Court. I also certify that I will keep the Court informed of all changes in address, phone number and email.

Defendant’s Signature

Date

*This form must be notarized. Payment must be by Cashier’s Check or Money Order. **Absolutely no personal checks or cash.***