## WYLIE MUNICIPAL COURT 300 COUNTRY CLUB ROAD WYLIE, TEXAS 75098 (972) 442-8101

| Defend                    | lant Name:  |   |  |
|---------------------------|---|---|--|
|                           | n #   |   |  |
| Offens                    | e:  |   |  |
| T da.                     | otoud that I may boy this sit   | ation diaminos d has T  | Defermed Diamonition in line of a conviction on  |
|                           |   |   | Deferred Disposition in lieu of a conviction on  |
| -                         | _   | -   | s request PRIOR to the due date indicated on   |
|                           | ation. I also understand that I ion of the Court.   | Deferred Disposition  | is a privilege, not a right, offered solely by the   |
|                           | r that the following statemen   | ita ara trua.   |  |
|                           |   |   | O CONTEST. I was not charged with speeding   |
| 1)                        |   | charged with an offe  | ense eligible for Deferred Disposition and have  |
| 2)                        | I do not possess a commerc  |   | in any state.  |
|                           | I am providing the Court with BOTH A PHOTOCOPY of my valid driver's license.                      |   |  |
|                           | ) I am enclosing PAYMENT of the State Costs and Special Expense Fee in the amount of              |   |  |
|                           |   |   | . Please call the Wylie Municipal Court at 972-  |
|                           | <b>442-8101</b> to obtain this amou   | int.  |  |
| 5)                        | I have not had a citation dismissed with Deferred Disposition within one (1) year period prior to |   |  |
|                           | the issue date of my citation other Court.  | I am not currently  | on Deferred Disposition for any citation in any  |
| 6)                        | Order mailed to my address placed on probation for a peterm of my probation, this ci              | provided below, and<br>eriod of time not to<br>tation will not be dis | fill receive a copy of my Deferred Disposition I I will read it carefully. I understand I will be exceed six (6) months and IF I VIOLATE any smissed and a conviction may be reported to the |
|                           | Deferred Disposition Order  | that I will have to vlie Municipal Cour                               | and that there may be other conditions on my comply with such as taking a Driving Safety at 972-442-8101 to find out other possible on.  |
| Defendant's Signature     |   | Ī   | Date   |
| Address                   |   |   | City/State/Zip   |
| Home Phone # Cell Phone # |   | Phone #   | Email Address  |

PLEASE NOTE; INSUFFICIENT REQUEST WILL BE DENIED.