

Application for Driver's Safety Course

HONEY GROVE MUNICIPAL COURT
JUDGE KENNETH "KENNY" KARL
633 N. 6 TH STREET
HONEY GROVE, TX 75446
PHONE: 903-378-3033

I, _____ hereby enter a plea of () Guilty OR () No Contest and request 90 days to complete the DSC and return my Certificate and Copy of Driving Record to the Honey Grove Municipal Court.

You must be able to answer TRUE to all of the following questions: (Please Circle **True** or **False**)

1. (TRUE or False) I understand I must have a valid Texas Driver's License and have provided a copy of this to the court. CDL's are not allowed.
2. (TRUE or False) I do not currently hold a Commercial Driver's License.
3. (TRUE or False) I am not in the process of taking a Driver's Safety Course and I have not taken a Driver's Safety Course in the past 12 months.
4. (TRUE or False) I understand that I must obtain a copy of my Official Driving Record and return this document to the Honey Grove Municipal Court along with a copy of the completed Driver's Safety Course Certificate.
5. (TRUE or False) The offense that I allegedly committed is a moving violation and does not involve a speeding offense for driving **more than 25 mph over the set speed limit.**
6. (TRUE or False) I have shown Proof of Liability Insurance to Honey Grove Municipal Court as required by Sec. A1, Texas Motor Vehicle Safety Act.
7. (TRUE or False) I understand that Failure to Comply with the Courts needs regarding Driver's Safety Course procedures will result in the full assessment of the original fines and costs.

*I understand that if I cannot answer true to all of the questions above that I am not eligible for Driver's Safety Course Dismissal. I understand I am responsible for completing a State Approved Driver's Safety Course **within 90 days** and returning the Certificate of Completion to the Honey Grove Municipal Court **within said 90 days.***

*I hereby knowingly and willingly, of my own free will and accord, enter the above plea - and waive my right to a trial by jury and I also agree to the conditions set by law and request permission to complete an approved Driver's Safety Course **within 90 days** of original charge.*

I UNDERSTAND THE OPTIONS THAT I HAVE CHOSEN IN THIS FORM AND CERTIFY THAT ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DEFENDANT NAME: _____ DEFENDANT SIGNATURE: _____ DATE: ____/____/____