



DEFERRED DISPOSITION APPLICATION

(MUST BE RECEIVED ON OR BEFORE YOUR INITIAL APPEARANCE DATE ON YOUR CITATION)

Please Initial and complete the ENTIRE form below:

_____ I do **NOT** hold a commercial driver's license (CDL) at the time of the offense;

_____ My citation was **NOT** issued in a construction zone with workers present;

_____ My citation was **NOT** for Speeding 25mph or more over the posted speed limit;

_____ If I am **24 years of age, or younger**, I understand I must complete a Driving Safety Course (DSC) as required by the State for Deferred Disposition; I further understand I will have 90 days to complete and return the Certificate and I will be placed on a **90 day probation for Deferred**;

_____ I am submitting the total cost and fine with my application \$ _____ which I have verified with the Roanoke Municipal Court: 817-491-0813;

_____ I have enclosed a copy of my valid Driver's License or ID;

_____ I waive my right to a trial and my right to discovery and request the Court defer further proceedings for the deferral period.

DEFERRED DISPOSITION REQUEST

I WISH TO ENTER A PLEA OF: **GUILTY** _____ **NO CONTEST** _____

I do hereby waive my right to a jury trial and request Deferred Disposition. I understand that the Court will defer further proceedings without entering an adjudication of guilt and place me on probation for a period of five (5) days (25 years old and over) or ninety (90) days (24 years old and younger) during which time I must not receive any traffic violations.

AFFIDAVIT OF ELIGIBILITY

I, the defendant in the below entitled cause, do hereby swear or affirm to the conditions ordered by the Judge. I have reviewed the requirements and I believe I am eligible to request Deferred for my citation. After receiving approval from the Court, I understand I will receive a copy of my probation order by mail to the address listed below. I also understand that Deferred is granted in the sole discretion of the Court. The foregoing representation is true and correct in all respects, and by signing below I acknowledge the accuracy of the above statement.

YOU MUST PRINT CLEARLY, OR YOUR REQUEST MAY BE DENIED

Citation Number

Email Address

Defendant's Name

Defendant's Signature

Date

Current Address, City, State, Zip Code

Phone Number

WARNING: LATE OR INCOMPLETE REQUESTS WILL BE DENIED

**ROANOKE MUNICIPAL COURT
609 DALLAS DRIVE, ROANOKE, TX 76262
817-491-0813**