Judge JaPaula C. Kemp

Justice of the Peace, Precinct 2, Place 2

Mailing: 301 Jackson St, Richmond, TX 77469

Phone: (346) 481-6990 / Fax: (832) 471-3821

jp2-2.court@fortbendcountytx.gov

Driving Safety Course Request Form

Instructions: Complete this request form, sign and date. **Attach a copy of your valid Texas Driver's License, current vehicle insurance ID card** and forward to the Court via regular mail, fax or email (PDF ONLY). Our office will contact you with further instructions, by mail or email, once your request has been received.

Special Note for Juveniles: A defendant who is under the age of 17 **must** appear in open Court, with a parent or legal guardian, to enter a plea and request to take a Drivers Safety Course. Please contact the Court for an available court date.

Driver's License #: _____ DL State: _____

Ticket #: _____ Offense: _____

I, _____, Defendant, hereby enter my appearance on the complaint of the above listed offense. I understand that I have a right to a jury trial. I hereby **waive my right to a trial by jury**, enter my plea of (check one) ☐ **Guilty** or ☐ **No Contest** and request to take a driving safety course.

I certify and affirm that:

- I have a valid Texas Driver's License;
- I currently maintain vehicle **financial responsibility** as required by the Texas Motor Vehicle Safety Responsibility Act, and have **attached proof**;
- I have not taken the Driving Safety Course for ticket dismissal within the past twelve (12) months, **nor am I currently taking said course**;
- I **DO NOT** hold a Commercial Driver's License (CDL);
- I am not charged with any of the following offenses: Speeding 25 or more mph over the posted speed limit, Any offense in which took place in a construction or work zone with workers present, Passing a school bus while loading/unloading children or Failing to remain at the scene of an accident involving damage to a car or injury to a person.

Signature:_____Date:_____

Address:_____

City:_____State:_____

Zip Code:_____ Phone:_____

E-Mail:_____