



Willow Park Municipal Court

516 Ranch House Road
Willow Park, Texas 76087

Phone: (817) 441-7107 · Email: municipalcourt@willowpark.org

RECORD OF DEFENDANT MOTION WILLOW PARK, TEXAS MUNICIPAL COURT (PLEASE PRINT)

DEFENDANT: _____ CITATION # & OFFENSE: _____

EMAIL ADDRESS: _____ CELL #: _____

ON (DATE) _____ DEFENDANT HEREBY ENTERS THE INITIAL PLEA OF: (CIRCLE ONE) **NO CONTEST**
OR GUILTY AND WAIVES THEIR RIGHT TO A JURY TRIAL & REQUESTS THE JUDGE GRANT:

_____ **A HEARING** ON THE NEXT AVAILABLE COURT DOCKET. (Dockets are typically held once a month on the last Wednesday of the month)

_____ **DRIVING SAFETY COURSE (DSC)** FOR MOVING VIOLATIONS.

_____ I CERTIFY I AM NOT A CDL HOLDER; I HAVE NOT HAD A CITATION DISMISSED THROUGH DRIVING SAFETY IN THE PAST 12 MONTHS; AND I HAVE NOT BEEN CHARGED WITH DRIVING 25 MPH OR HIGHER OVER THE POSTED SPEED LIMIT.

_____ I AGREE TO PAY \$144(\$169.00 for School Zone Violations) IN COURT COSTS WITHIN 10 DAYS OF THIS REQUEST

_____ I UNDERSTAND THAT I MUST PROVIDE THE COURT WITH PROOF OF SUCCESSFUL COMPLETION WITHIN 90 DAYS OF THE DATE OF THIS REQUEST. I UNDERSTAND IF I AM SUCCESSFUL MY CITATION WILL BE DISMISSED UPON THE COURT'S RECEIPT OF ALL REQUIRED DOCUMENTATION. I FURTHER UNDERSTAND, I WILL BE REQUIRED TO MAKE A PERSONAL APPEARANCE AT A SHOW CAUSE HEARING IF I AM NOT SUCCESSFUL.

_____ I AM INCLUDING PROOF OF VALID DL AND VALID INSURANCE WITH THIS REQUEST.

_____ **DEFERRED DISPOSITION (DA)** (CONTACT THE COURT FOR CITATION AMOUNT)

_____ I AM PROVIDING PROOF OF AFTER THE FACT INSURANCE (FOR FMFR CITATION)

_____ I AGREE TO PAY MY CITATION IMMEDIATELY AND NOT RECEIVE ANOTHER CITATION IN WILLOW PARK, TX FOR 30 DAYS. I UNDERSTAND IF I AM SUCCESSFUL MY CITATION WILL BE DISMISSED AT THE END OF A 30 DAY DEFERRAL

_____ I AGREE TO PAY MY CITATION WITHIN 60 DAYS AND NOT RECEIVE ANOTHER CITATION IN WILLOW PARK, TX FOR 90 DAYS. I UNDERSTAND THAT IF I PAY AS AGREED AND DO NOT RECEIVE ANOTHER CITATION WITHIN THE 90 DAYS, MY CITATION WILL BE DISMISSED. I FURTHER UNDERSTAND IF I DON'T PAY THE REQUIRED AMOUNT OR I RECEIVE ANOTHER CITATION, I WILL BE REQUIRED TO APPEAR FOR A SHOW CAUSE HEARING AND MAY FACE CONVICTION.

_____ I UNDERSTAND THAT BECAUSE I AM UNDER THE AGE OF 25, I MUST COMPLETE DSC AS CONDITION OF MY DEFERRED DISPOSITION.

_____ **EXTENSION** OF 60 DAYS TO PROCURE A VALID DL OR REGISTRATION.

_____ **DISMISSAL ON FOLLOWING GROUNDS:**

_____ ENCLOSED PROOF OF INSURANCE THAT WAS VALID AT TIME OF STOP.

_____ ENCLOSED PROOF OF CORRECTED REGISTRATION, AND PAYMENT OF PENALTY AT COUNTY. **PAYMENT TO COURT \$20.00**

_____ ENCLOSED PROOF OF VALID DL (CALL THE COURT TO SEE IF FEE IS REQUIRED TO THE COURT)

_____ I UNDERSTAND I WILL BE FOUND **GUILTY** AND REQUEST I BE GRANTED (CHOOSE ONE) 30; 60; 90 DAYS FROM THE DATE OF THIS REQUEST TO PAY. I UNDERSTAND THAT PAYMENT RECEIVED OR POSTMARKED ON OR AFTER THE 31ST DAY FROM TODAY MUST INCLUDE A TIME PAYMENT FEE OF \$15.

_____ **I AM ENTERING A PLEA OF NOT GUILTY AND REQUEST A DISCOVERY MEETING WITH THE STATE'S PROSECUTOR.**

DEFENDANT SIGNATURE

DATE