



City of Austin Municipal Court



Address: 6800 Burleson Rd., Bldg 310, Ste 175, Austin, TX 78744-2314

Mail: P.O. Box 2135, Austin, TX 78768

Phone: (512) 974-4800; Fax: (512) 974-4882

Email: court@austintexas.gov; Internet: www.austintexas.gov/court

MOTION FOR DISMISSAL/AFFIDAVIT DISABLED PARKING VIOLATION

CASE NUMBER _____

THE STATE OF TEXAS

vs.

_____, (print name) _____ file this motion for dismissal for the reason stated below. I request the State and the Court to dismiss this case.

(Check One)

_____ Vehicle was **SOLD** prior to violation. The new owner information is listed in **responsible party** section below. Attach bill of sale (if available) or Texas DMV transfer notice.

_____ Vehicle was leased or a rental. The lessee/renter information is listed in **responsible party** section below. Attach rental or lease agreement.

_____ **I was not** the driver of the vehicle with license plate number _____ on the date of _____ when the vehicle was cited for a disabled parking violation. I am aware I may be required to appear in Court as a witness if a trial before judge or jury is held. (Please complete the name and address information for **responsible party** below).

_____ **I was** responsible for the vehicle with license plate number _____ at the time of the violation on the date of _____ (complete the **responsible party** information below).

_____ **I possessed** a valid disabled parking placard at the time of the offense.

Responsible Party's Full Name (please print): _____

Address: _____ **City/State/Zip Code:** _____

I understand that providing false information is a violation of the law and could lead to criminal prosecution and additional charges against me. I understand that it is my responsibility to notify the Texas Department of Motor Vehicles if I am no longer the owner of the vehicle. By my signature below, I affirm the information provided in this affidavit is true and correct.

Signature: _____

Please Print Name: _____ Address: _____

Email address: _____ Telephone Number: _____

SWORN AND SUBSCRIBED before me on this _____ day of _____, 20_____

Deputy Clerk
Municipal Court
City of Austin, Texas

Notary in and for the State of Texas
My Commission Expires: _____

Note: If mailed, this affidavit must be notarized.

You are responsible for confirming whether this motion was granted or denied. You can obtain this information by calling (512) 974-4800 or by visiting the Court's website at: www.austintexas.gov/court

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request