City of Austin Municipal Court **Deferred Disposition Request**

Failure to Maintain Proof of Financial Responsibility Violation ("No Insurance")

Cause or Citation Number:	Date of Request:
Name (as shown on citation – please print):	
Address is correct as shown on the citation	; OR
Address has changed to: (please print)	
and waive my right to a jury trial. I request that the this case. I understand that if I successfully complement that my case will be dismissed. If I do not Disposition, I will be sent a notice to appear in condeferral. If cause is not sufficient, I understand that guilt entered, and the conviction will be reported to driving record. I also understand that a conviction	on of <u>Failure to Maintain Proof of Financial Liability</u> the Court allow me to complete a Deferred Disposition for lete the terms of the Deferred Disposition in a timely the successfully complete the terms of the Deferred curt to show cause why I did not complete the terms of this at the Deferred Disposition will be revoked, a judgment of the Department of Public Safety to be placed on my on of this charge stays permanently on my driving the relicense if I have two or more convictions in the State
I understand that the deferral period is 180 days (6 to complete the terms of this deferred disposition v	6 months) from the date this form is postmarked and agree which are:
1. Payment must be made immediately in the amount of \$125.00 PLUS collection, warrant and/or driver license denial fees if applicable (the amount may be obtained by calling 512-974-4800); you cannot pay online but must attach a check or money order; contact the court if you cannot pay immediately; and	
2. Maintain the minimum liability insurance cover period (send copy of insurance or binder with this	rage as required by law without lapse during the deferral form); and
3. Possess and maintain a valid driver license or p form); and	permit during the deferral period (send copy with this
4. Notify the Court is writing of any change of ad-	dress; and
	rral period, a letter from your insurance company or agent been in effect from the date this form is postmarked for a at www.austintexas.gov/public).
Defendant Signature	Date Signed