



Castle Hills Municipal Court  
209 Lemonwood Dr.  
Castle Hills, TX 78213  
210-293-9679  
court@castlehills-tx.gov

### Driver Safety Course

With a plea of no contest, you may request that you be granted permission to take the Driver's Safety Course. You will need to use the attached request form and file your request with the court. You may only dismiss one moving violation with your request.

Filings may be submitted by the following ways on or before your scheduled court appearance date:

- Clerk's Office from 8:00 am to 4:00 pm Monday through Friday excluding holidays.
- Postal mail to the court address listed above. Please address the envelope to Attention Municipal Court

Other important items to know about this request are as follows:

To request the Driving Safety Course, you must meet the following requirements:

- Have a valid Texas driver's license **that is not a commercial driver's license** or be active duty military personnel including spouses and dependent children
- Have Texas Liability Insurance or other evidence of financial responsibility
- Must be able to pay court costs plus an administrative fee at the time of request.

Violation occurred outside of a school zone	\$144.00
Violation occurred inside of a school zone	\$169.00

- Have not taken the Driving Safety Course within the past year to dismiss a previous violation
- The violation was not committed in a construction zone when workers were present
- Cannot be speeding 25 miles per hour or more over the posted speed limit
- Cannot be speeding 95 miles or more
- Cannot be a violation for having overtaken or passing a school bus
- Cannot be a violation for leaving the scene of an accident

If you meet the above criteria, **you must file your request for the driving safety course on or before your appearance date listed on your citation. If you are mailing your request to the court, the envelope must be post marked by your appearance date and received within ten working days.** When you make your request, you must provide the court the following requirements:

- Valid Texas driver's license or permit or be a member, spouse, or dependent child of a member of the U.S. military forces serving on active duty
- A copy of your proof of financial responsibility (or insurance)
- Payment of court costs and administrative fee (If you are mailing in your request please send a check or money order only)
- A written statement requesting to take a driving safety course and your plea; you may use the following request form



Driver Safety Dismissal

I, \_\_\_\_\_ have been charged with the offense of \_\_\_\_\_ in the Castle Hills Municipal Court

I do hereby enter my appearance and plead NO CONTEST to the offense charged. I have not taken a Driving Safety Course in the past 12 months before my citation was issued. I request that the Court grant me the driving safety course dismissal.

Attached are the required documents and payment:

1. a copy of my Texas Driver's license / Permit, (or active duty military ID and driver's license from my home state (IF YOU HOLD A COMMERCIAL DRIVERS LICENSE YOUR ARE NOT ELIGIBLE TO TAKE THE DRIVER SAFETY COURSE TO DISMISS YOUR CITATION)

2. a copy of my liability insurance card, and

3. payment of court costs in the amount of \$ \_\_\_\_\_.

Violation occurred outside of a school zone	\$144.00
Violation occurred inside of a school zone	\$169.00

I understand that in order to be eligible for the driver safety dismissal, ALL required items must be presented to the Court no later than the date assigned on my citation and I MAY NOT take the course until I have been given permission by the court.

Please send all court responses and all documents to the address provided on this form. It is my responsibility to provide the court with accurate contact information. If at any time my contact information changes it is my responsibility to notify the court in **writing within seven days.**

Citation Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

- **THIS FORM CAN ONLY BE USED FOR ONE MOVING VIOLATION.**
- INCOMPLETE REQUESTS WILL NOT BE ACCEPTED.
- THIS FORM CANNOT BE USED FOR CASES IN WARRANT OR COLLECTIONS STATUS.