



ARGYLE MUNICIPAL COURT
308 DENTON ST / P.O. BOX 609
ARGYLE, TX 76226
phone 940-464-7255/ fax 940-464-7409
email: court@argyletx.com

DEFERRED DISPOSITION APPLICATION

CITATION NUMBER _____

I understand that I may have this citation dismissed by Deferred Disposition (Probation) in lieu of a conviction on my driving record.

I understand that I can only make this request prior to or on the initial appearance date on my citation.

I also understand the cost for deferred disposition will be the full amount of my fine plus a \$50 deferred fee.

I swear the following statement is true:

1. I am the individual who received the citation referenced above.
2. I waive my right to a jury trial and enter my plea of not guilty.
3. I was not charged with speeding of 25 miles per hour or more, over the posted speed limit.
4. I was not charged with speeding 90 miles per hour or more.
5. I do not possess a commercial driver's license (CDL) in any State.
6. I am including a copy of my driver's license with this application.
7. I am not already currently on probation with the Argyle Municipal Court.
8. **If I am under the age of 25 and charged with a traffic offense**, I must complete a driver's safety course approved by Texas Department of Licensing and Regulation and submit the certificate of completion to the court by the end of the deferral period.
9. I am enclosing the appropriate payment with this application or have requested "additional time to pay" listed below.
 - I am requesting additional time to pay and agree to pay the total deferred disposition fee within 30 days.
10. I understand if I request deferred disposition and submit full payment with this application the court will treat the deferred as a 5-day deferred. If I do not pay in full the court will treat the deferred as a 90-day deferred. **(The 5-day deferred does not apply to those who are under 25 years of age and have been charged with a traffic offense)**
11. After receiving approval from the judge, I will receive a copy of my deferred disposition order by mail to the address I provide the court with. I understand I will be placed on probation for a period of 5 or 90 days and if I violate any terms of my probation, this citation will not be dismissed and a conviction may be reported to the Texas Department of Public Safety.

I understand that payments should be made payable to Argyle Municipal Court and mailed to P.O. BOX 609 Argyle, TX 76226. Payments can also be made online www.municipalonlinepayments.com/argyletx.

INSUFFICIENT REQUEST WILL BE DENIED. I ATTEST THAT I HAVE READ THE DOCUMENT.

UNSWORN DECLARATION

My name is _____ and my date of birth is _____.

My address is: _____

_____ (city) _____ (zip code)

I declare under penalty of perjury that the foregoing (attached) is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, 20__.