JUDGE DIANE DUPNIK JUSTICE OF THE PEACE PCT 1 JP1@ARANSASCOUNTY.ORG ARANSASCOUNTYTX.GOV/JP1



2840 HWY 35, ROOM 125 ROCKPORT, TX 78382 PHONE (361)790-0130 FAX (361)790-5402

DEFERRED DISPOSITION

Instruction Request Form

| The State of Texas vs. | | |
|--|--|--|
| CASE NUMBER: | IN THE JUSTICE COURT | |
| OFFENSE: | | |
| DATE OF BIRTH: | | |
| license. You must request approval for Deferr mail, e-mail, or in person. Upon your plea of | Deferred Disposition will avoid points against your red Disposition on or before your arraignment date by guilty or no contest, the Court will defer a finding of set a bond and comply with certain conditions. | |
| • | our case will be dismissed and the bond money applied to ith the terms, a judgment will be imposed, a conviction will be applied to the fine. | |
| discovery. ("Discovery" is the process by which the defe State under Art. 39.14, Texas Code of Crimin | eration of a motor vehicle, and I waive a trial by jury. | |
| LICENSE #: □ Shall not violate the traffic laws of this of the shall pay a special administrative fee in | accordance with conditions of this judgement. by court, nor have I made an application for deferred | |
| I acknowledge that: ☐ I am not charged with speeding 25 mph ☐ I am not charged with speeding 95 mph ☐ I do not hold a commercial driver's lices | or more. | |

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Defendant's Signature

Date



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| I under | rstand that: | | | | | |
|---------|---|-------------|------------|------|--|--|
| | If I comply with the court order granting deferred disposition and submit payment as required, the Court will dismiss my case and report to the Texas Department of Public Safety the date that I completed the order on my driving record; | | | | | |
| | If I fail to submit the payment required by the Court, I will be notified of a show cause hearing and be required to appear before the Court to show cause why I did not complete payment; | | | | | |
| | The judge may at the show cause hearing enter a final adjudication against me and require me to pay the fine; and | | | | | |
| | The failure to appear at the Show Cause hearing will result in a final adjudication being entered against me, and that I will be required to pay the fine and any additional costs required by law. | | | | | |
| | les: Defendants must conta s License No. | State: Ho | ome Phone: | | | |
| | | City: | | | | |
| Employ | /er: | Work Phone: | | | | |
| Work A | Address: | City: | State: | Zip: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Defendant's Attorney (if applicable)

Date