

# DSC Request Form

Citation # \_\_\_\_\_ I hereby enter a plea of "NOLO CONTENDERE" (NO CONTEST) & request to take a DRIVER'S SAFETY COURSE OPTION IN LIEU OF PAYING THE FINE.

**You MUST SEND the following:**

1. DSC FEE OF: \$144.00 – OR - \$169.00 IF IN A SCHOOL ZONE by MONEY ORDER or CASHIER'S CHECK (NOT ACCEPTING PERSONAL OR BUSINESS CHECKS. SENDING ONE WILL DELAY THE PROCESSING OF YOU CASE) made payable to: BLANCO MUNICIPAL COURT",
2. **PROOF OF VALID INSURANCE**
3. **COPY OF VALID TX DRIVER LICENSE** ( a valid Military ID and valid out of state Driver License will also be accepted). I understand that these costs are in addition to the cost of the course and if I do not complete all the requirements within 90 days the balance of the fine will be due (the \$10 admin fee is non refundable.)

**NOTE:** the form below must be SWORN TO & SIGNED IN FRONT OF A NOTARY, SEALED BY NOTARY, THEN returned on or before your appearance date (legible postmark accepted) **DO NOT PROCEED TO TAKE THE COURSE UNTIL AFTER YOU RECEIVE A DSC INSTRUCTION SHEET FROM THE COURT.**

CERTIFY BY: CHECKING or INITIALING below that you meet all of the DSC qualification below:

- I have a valid NON COMMERCIAL TEXAS D.L. – law requires that you have a TEXAS Driver License or permit )or copy of an active Military ID, Affidavit & orders)
- I am not in the process of taking such course for another citation
- I have not completed a course under this section for another citation within one year prior to the date of this violation
- I have enclosed a copy of current Liability Insurance (with my name listed on policy) or other form of financial responsibility as allowed by law

Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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

My name is \_\_\_\_\_,  
(First) (Middle) (Last)

my date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_, and my address is

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.  
(Street) (City) (State) (Zip Code) (Country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 2020.  
(Month)

\_\_\_\_\_

Declarant (Defendant Signature)