REPLY FORM

Mail to the Municipal Court - City of Henrietta. Enclose your Citation with your Reply.
(Enclose a Self-Addressed, Stamped Envelope if you need a Receipt.)

Name (Print or type as it appears on your Driver's License) | Driver's License Number

Current Mailing Address | City, State, Zip | Telephone Number

Citation Number | Date Of Citation | Date Cited To Appear On Or Before

CHECK ONE:

1. I hereby enter a Plea of NOT GUILTY and request the Court advise me of my Trial Date by Mail.
2. I hereby enter a Plea of GUILTY and waive Appearance for Trial. **CASHIER'S CHECK OR MONEY ORDER** in the amount of the Fine(s) is enclosed. (Make your Remittance payable to the Justice Court indicated on the reverse side of this Letter.)
3. I hereby enter a Plea of NOLO CONTENDERE and waive Appearance for Trial. CASHIER'S CHECK OR MONEY ORDER in the amount of the Fine(s) is enclosed. (Make your Remittance payable to the Municipal Court - City of Henrietta indicated on the reverse side of this Letter.)

NOTE: JUVENILES 16 AND UNDER MUST CONTACT THE COURT WITH A PARENT OR GUARDIAN.

Signature | Date | Fine Amount

(DETACH HERE AND MAIL WITH FINE OR NOT GUILTY PLEA TO THE COURT INDICATED ON THE REVERSE SIDE.)

(DETACH HERE AND MAIL TO THE COURT INDICATED ON THE REVERSE.)

REQUEST FORM FOR DEFERRED DISPOSITION

(FAILURE TO REMIT THIS FORM ON OR BEFORE YOUR APPEARANCE DATE WILL RESULT IN INELIGIBILITY FOR THE COURSE.)

Please answer all the questions below:

- ☐ I hereby plead ☐ NOLO CONTENDERE or ☐ GUILTY.
- ☐ I possess a valid TEXAS Driver's License or Permit.
- ☐ I have NOT taken a Driving Safety Course in lieu of paying a Fine during the past year.
- ☐ I am NOT in the process of taking a Driving Safety Course to dismiss another offense.
- ☐ I have NOT completed a Driving Safety Course that is not yet reflected on my Driving Record.
- ☐ I understand I CANNOT take the Driving Safety Course in lieu of paying the Fine if I am accused of speeding 25 miles an hour or more over the posted Speed Limit.
- ☐ I ENCLOSE Proof of Financial Responsibility (Insurance). (A photocopy is acceptable - NO ORIGINALS PLEASE!!)
- ☐ I ENCLOSE a Money Order or Cashier's Check made payable to the Municipal Court - City of Henrietta, in the amount of $129.00

- ☐ I understand that I am responsible for completing a D.P.S. approved Driving Safety Course and remitting the proper Completion Certificate to the Court. I understand I have 90 days to complete the Course and to return the Certificate.
- ☐ I understand that this Form must be **NOTARIZED.**
- ☐ I have completed and mailed the Form to D.P.S. in Austin with $10.00.

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME, this, the _____ Day of _____ ,20_____.

(SEAL)

NOTARY PUBLIC

Name (Print or type as it appears on your Driver's License) | Driver's License Number

Current Mailing Address | City, State, Zip | Telephone Number

Race/Sex | Date Of Birth

Citation Number | Date Of Citation | Date Cited To Appear On Or Before

DR-1 (Rev. 5/12)

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

		FEE
[ ]	1. Name – DOB – License Status – Latest Address.	$ 4.00
[ ]	2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	$ 6.00
[ ]	2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	$ 10.00
[ ]	3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.**	$ 7.00
[X]	3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.**	$ 10.00
[ ]	Other: (Original Application, DWLI, etc.)	$ [ ].00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name: MUNICIPAL COURT

Requestor's First Name:

Street Address: PO BOX 711

Texas Driver License Number:

City: HENRIETTA

State: TX

Zip Code: 76365

Daytime Telephone Number (include area code): [ ]-[ ]-[ ]

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number

Date of Birth: MM / DD / YYYY

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For *ONE TIME* Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License / ID Card Holder or Parent / Legal Guardian — Date

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a $25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor — Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.