WASKOM MUNICIPAL COURT

Mailing Address: P O Box 730 Waskom, TX 75692 903-687-2694 (phone) Presiding Judge: Kathy McGinnis website: cityofwaskom.com

Mailing Address/Phone Number

Physical Location: 450 Texas Ave. W Waskom, TX 75692 903-687-3295 (fax) Clerk: Teresa Garrison

e-mail address: wmcc@eastex.net

DRIVIN	IG SAFETY COL	JRSE (DSC) I	DISMISSAL REQUEST
You may request one moving violation be dismissed. Your request MUST BE POSTMARKED on or before the appearance date on your citation. DSC is NOT available to holders of a commercial driver's license. DSC is NOT available for speeding 25 miles per hour over the posted limit, or accused of 95 miles per hour or more.			
I plead 'No Contest' or 'Guilty' and waive my right to trial by jury to the charge of			
I request that the court dismiss the charge if I submit the driving record immediately and course completion certificate within ninety (90) days. Enclosed is a cashier's check or money order for \$109.10 (\$134.10 if offense occurred in a School Zone) to the City of Waskom for court costs.			
	for a citation	dismissal w	Texas driver's license OR active duty military or dependent ithin one year of this offense, and I am not in the process of ce card is attached.
I agree that I will provide a certified copy of the Course, within ninety (90) days.	driving recor	d immediato	ely, and proof of completion of an approved Driving Safety
Signature/Date			
Mailing Address/Phone Number			
YOU MUST KEEP THE COURT INFORMED OF YOUR CURRENT MAILING ADDRESS UNTIL THE CASE IS CLOSED OR DISMISSED. IF YOU MOVE, YOU MUST GIVE THE COURT WRITTEN NOTICE OF YOUR NEW ADDRESS.			
SCHEDULE OF ACCEPTABLE FINES			
Speeding			
1-10	,	7.00	TO USE YOUR DEBIT/CREDIT CARD:
11-15		7.00	1-800-272-9829 or www.official payments.com
16-20		27.00	
21-25		57.00	You will need your citation number.
26 and over		9.00	Listen for "Local Payments".
Driver License/Registration/Inspection		7.00 *	The jurisdiction code is 6654
Vehicle Equipment Violations		7.00*	
No Seatbelt 16 and under		9.10	
No Seatbelt 17 and over		0.00	
No Insurance/Financial Responsibility		7.00**	
No Parking		7.00	
No Parking (on/exit ramp)	•	0.00	
Possession of Drug Paraphernalia	\$31	6.00	
*Contact the Court for information regarding possibile dismissals			
**Charges may be dismissed upon receipt of insurance/financial responsibility. Your insurance company WILL BE CALLED TO VERIFY insurance was in effect on the date of the violation			
Contact the Court for violations not listed			
	arse, and warr	ants for you	e added, you will be unable to renew your driver's license, ir arrest may be issued. Appearances may be made in
	F	REPLY FORM	1
I enter a plea of NOT GUILTY and request TRIAI	. by:		
Judge (I waive my right to trial by jury) Jury			
lenter a plea of NO CONTEST or GUILTY (I waive my right to trial by jury)			
Signature	Date	(Citation Number