

CITY OF CORPUS CHRISTI MUNICIPAL COURT
APPLICATION FOR DEFERRED DISPOSITION
(PROBATION) (ART. 45.051 CCP)

NAME: _____
CITATION/CAUSE NUMBER: _____
VIOLATION: _____

PLEASE CHECK GUILTY OR NO CONTEST:

- Guilty
 No Contest

I am entering a plea and hereby requesting deferred disposition by completing this application, am waiving my right to a Jury Trial. The Court may order you to successfully complete a driving safety course or any other condition as a condition of deferred disposition.

Type of Violation (Check One):

- Transportation Code or Moving Ordinance Violations (Answer all below)
 Penal Code/City Ordinance (Answer only 6 & 8)
 Alcohol Offense (Minors must appear in court)
 Juvenile Offense (Juveniles must appear in court with a parent or guardian)

PLEASE ANSWER YES OR NO:

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you hold a COMMERCIAL driver's license, or did you hold a COMMERCIAL driver's license on the date the offense was committed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did the violation occur in a Construction Zone ? |

*** If you answered yes to any of the above questions, you do **not** qualify for a Deferred Disposition ***

PLEASE ANSWER YES OR NO:

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have a valid driver's license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3a. Are you younger than 25 years of age? If YES, you may be required to complete a driving safety Course (Defensive Driving) during the deferral period. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3b. Were you under 18 years of age at the time of the citation? If YES, you may be required to be examined by the Department of Public Safety during the deferral period. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you hold a PROVISIONAL driver's license? If YES, you may be required to be examined by the Department of Public Safety during the deferral period. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Was there an accident involved at the time you received this citation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you currently on Deferred Disposition (Probation) in the State of Texas or have you been on Deferred Disposition for any citation within the twelve (12) months before receiving this citation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you currently hold valid insurance/financial responsibility? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you presently have any past due fines or citations to which you have not responded in the City of Corpus Christi? |



Defendant's Signature: _____ Signed on: _____

Address: _____ Phone Number: _____

Email Address: _____

**** IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT****