

City of Austin Municipal Court
Deferred Disposition Request
Failure to Maintain Proof of Financial Responsibility Violation
(“No Insurance”)

Cause or Citation Number: _____ Date of Request: _____

Name (as shown on citation – please print): _____

_____ Address is correct as shown on the citation; OR

_____ Address has changed to: _____
(please print)

I hereby enter a plea of “no contest” to the violation of Failure to Maintain Proof of Financial Liability and waive my right to a jury trial. I request that the Court allow me to complete a Deferred Disposition for this case. I understand that if I successfully complete the terms of the Deferred Disposition in a timely manner that my case will be dismissed. If I do not successfully complete the terms of the Deferred Disposition, I will be sent a notice to appear in court to show cause why I did not complete the terms of this deferral. If cause is not sufficient, I understand that the Deferred Disposition will be revoked, a judgment of guilt entered, and the conviction will be reported to the Department of Public Safety to be placed on my driving record. **I also understand that a conviction of this charge stays permanently on my driving record and may result in suspension of my driver license if I have two or more convictions in the State of Texas.**

I understand that the deferral period, if approved, is **180 days** (6 months) from the date this form is postmarked and agree to complete the terms of this deferred disposition which are:

1. Payment must be made immediately in the amount of \$_____ (the amount may be obtained by calling 512-974-4800); you cannot pay online but must attach a check or money order; contact the court if you cannot pay immediately; **and**
2. Maintain the minimum liability insurance coverage as required by law without lapse during the deferral period (send copy of insurance or binder with this form); **and**
3. Possess and maintain a valid driver license or permit during the deferral period (send copy with this form); **and**
4. Notify the Court in writing of any change of address; and
5. Present to the Court toward the end of the deferral period, a letter from your insurance company or agent showing that the above mentioned insurance has been in effect from the date this form is postmarked for a period of 180 days (end date may be found online at www.cityofaustin.org/public).

Defendant Signature / Attorney of Record

Date Signed

*Send form, check/money order, copy of insurance and copy of driver license to
Austin Municipal Court, P.O. Box 2135, Austin, TX 78768