

JUSTICE OF THE PEACE, PCT.2

Cindy Redmon, Judge

Lauren Cooper, Court Clerk Cheyenne Scott, Court Clerk

P.O. BOX 1034

Tatum, Texas 75691

Phone (903) 947-6440 Fax (903)-947-6292

REQUEST TO TAKE DRIVING SAFETY COURSE

FOR ALL OFFENSES OTHER THAN SPEEDING, PLEASE CONTACT THE JUDGE

STATE OF TEXAS

VS.

IN THE JUSTICE COURT

PRECINCT NO. 2

RUSK COUNTY, TEXAS

(NAME)

I hereby enter a plea of NO CONTEST and request the DRIVING SAFETY COURSE. I have enclosed a money order for \$144.00, a copy of my Liability Insurance Coverage and I have signed and dated the space below. I have a valid Texas Driver's license, and I am competent to make this affidavit. I am not in the process of taking a Driving Safety Course. I have not completed a Driving safety Course within the last one year to cover a citation.

Date _____

(SIGNATURE OF DEFENDANT)

(ADDRESS)

(CITY, STATE, ZIP)

(PHONE)

(ALTERNATE CONTACT NUMBER)

(EMAIL)

REQUEST, PAYMENT AND PROOF
OF INSURANCE IS DUE IN JUDGE'S
OFFICE **ON OR BEFORE** APPEARANCE
DATE. YOU HAVE 90 DAYS TO
COMPLETE CLASS AND RETURN
CERTIFICATE TO COURT.

DO NOT PAY FINE IF TAKING A DRIVING SAFETY COURSE

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INFORMATION SHEET FOR DEFENSIVE DRIVING

Send a completed "Request to Take Driving Safety Course" form along with a **CASHIER'S CHECK** or **MONEY ORDER** made payable to Hon. Cindy Redmon in the amount of \$144.00 to cover the court costs and an administrative fee. It must be received by the appearance date on your ticket. **DO NOT send the original amount of your fine, and do not send a personal check.**

____ Sign and date this Information Sheet, and **RETURN** to court within five (5) days.

____ Provide the Court with proof of financial responsibility (LIABILITY INSURANCE) that is required by Section 601.081, Texas Transportation Code.

____ Complete the Application for Copy of Driver Record form for a copy of your driving record. Your driving record will be mailed to this Court, not to you. Send \$10.00 and the form to:

Driver Records Bureau
Texas Department of Public Safety
P.O. Box 149246
Austin, Texas 78714-9246

You may request the Type 3A Complete Driving History for \$12. <https://www.txdps.state.tx.us/> Put cursor over "Drivers License" found on left side then choose Driving Record. You must be prepared to print the record when ordering as you cannot save the report and print later. Also, you will be responsible for getting the report to the court. ***Beware of online "We will get your driving record for \$\$\$..." We have had instances of defendants not receiving the record and having to pay for record again! One sight I found charges \$29.95 for record that you can get for \$12 on the dps site.***

If the necessary proof of completion is not in this office **within ninety (90) days** from your appearance date, **the original amount of the fine will be DOUBLED** and a warrant for your arrest or the denial of your driver's license will be issued.

You must take your Defensive Driving Course from a state-certified provider within ninety (90) days from the appearance date on your citation. You may take it anywhere in the State of Texas. The instructor does charge a fee for this course. You will receive a **CERTIFICATE OF COMPLETION** from the State of Texas soon after you complete the course. ***It is your responsibility to send the "Court Copy" of the CERTIFICATE OF COMPLETION to our office. It must be signed by the Defendant.***

If all deadlines are not met, the privilege of taking the course will be denied.

I have read the above information and understand that I must have all paperwork and proof in this office within the specified time limit.

Today's Date _____

SUGGESTED COURSE COMPLETION

60-day due date _____

90-day due date _____

Defendant _____

EMAIL ADDRESS: _____

ALTERNATE CONTACT # _____

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 SafetyAny 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
- ☒ 3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.** \$ 10.00
- ☐ 4. Abstract Record – Certified abstract of completed driver record. \$ 20.00
- ☐ Other: (Original Application, DWLI, etc.) \$ 1.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name: JP #2 Requestor's First Name: _____

Street Address: PO BOX 1034 Texas Driver License Number: _____

City: Tatum State: Tx Zip Code: 75691 Daytime Telephone Number (include area code): 903-947-6440

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

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.

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. *(Valid for Certified Abstract)* For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. *(Valid for Certified Abstract)* For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. *(Valid for Certified Abstract)* For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.

Please state specific statutory authority _____

- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z