

Splendora Municipal Court

DRIVER SAFETY COURSE

To begin a driver safety course please provide the Court by email @ court@cityofsplendora.org or by mail @ P.O. Box 10877 Splendora, TX 77372 a copy of your driver license, proof of insurance with your name as a listed driver, a letter requesting a driver safety course, a plea of guilty or no contest with your signature (bottom of citation) and your payment of \$144.00 , payment can be made by phone:1-888-439-1900, online: www.texasonlinerecords.com , mail check, money order or cashiers check: P.O. Box 1087 Splendora, TX 77372 or Drop Box which is located on the East side of City Hall : 26090 FM 2090 E. Splendora, TX 77372

The Court will also need the following forms to be signed and notarized:

- Affidavit for Driving Safety Course (must be signed in front of a Notary).
- Request for Driving Safety Course. (signature only).

To Download these forms, please click on the Forms drop box and print.

Once your Driver Safety Course Certificate is received along with your Driver Record, Notarized Affidavit and Request signed form, the Court will mail you a Dismissal receipt.

If you are unable to provide required documents by your 90-day due date, please contact the Court for a possible extension.

REQUEST FOR A DRIVING SAFETY COURSE (Art. 45.0511(b), CCP)

CAUSE NUMBER: _____

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF SPLENDORA

§

MONTGOMERY COUNTY, TEXAS

I hereby enter my appearance on the complaint of the offense of: _____ in person, by counsel or by certified mail. I understand that I have a right to a jury trial. I hereby waive my right to a jury trial, plead «Plea» and elect under Art. 45.0511, CCP, to take a driving safety course.

I understand that I must present to the court the following with this request:

- 1. a valid Texas driver's license or permit;
- 2. proof of financial responsibility pursuant to Chapter 601, Transportation Code (automobile liability insurance);
- 3. payment of court cost; and
- 4. payment of a \$10 nonrefundable fee.

I understand that I must:

- 1. complete a driving safety course or motorcycle operator training course as applicable within 90 days of this request;
- 2. submit by the 90th day from this request a uniform certificate of course completion of a driving safety course or a verification of course completion of a motorcycle operator course as evidence of that I have completed such a course;
- 3. submit by the 90th day from this request an affidavit that I was not taking a such a course nor had I completed one within the preceding 12 months from the date of my current offense that is not shown on my driving record as maintained by the Texas Department of Public Safety; and
- 4. submit by the 90th day from this request a copy of my driving record as maintained by the Texas Department of Public Safety.

I understand that:

- 1. if I comply with the court order granting the taking of a driving safety/motorcycle operator course and submit all the required evidence as ordered that the court will dismiss my case and report to the Texas Department of Public Safety the date that I completed my course for inclusion on my driving record;
- 2. failure to submit all the evidence required by the court, that I will be notified of a show cause hearing and be required to appear before the court to show cause why I did not present the required evidence of course completion;
- 3. the judge may at the show cause hearing enter a final adjudication against me and require me to pay the fine; and
- 4. the failure to appear at the show cause hearing will result in a final adjudication being enter against me and that I will be required to pay the fine and any additional costs required by law.

Defendant's Signature Date

Defendant's Attorney (if applicable) Date

Completion Date: _____

AFFIDAVIT FOR DRIVING SAFETY COURSE (Art. 45.0511(c)(3), CCP)

CAUSE NUMBER: _____

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF SPLENDORA

AFFIDAVIT*

I, _____, state under oath that on the date of my request for a driving safety course/motorcycle operator training course in the above numbered cause that I was not taking such a course nor had I completed one within the 12 months preceding the date of my current offense that is not shown on my driving record as maintained by the Texas Department of Public Safety.

Defendant's Signature

Sworn and Subscribed before me, the undersigned authority on this the ____ day of _____, 20__.

(Judge)(Court Clerk)(Deputy Court Clerk)
(Notary Public in and for the State of Texas)

**Editor's Note: Required to be filed within 90 days of the request for a driving safety course/motorcycle operator course.*

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

<input type="checkbox"/> 1. Name – DOB – License Status – Latest Address.	\$ 4.00
<input type="checkbox"/> 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC).	\$ 10.00
<input type="checkbox"/> 3. Name – DOB – License Status – Record of ALL Crashes/Violations. Furnished to Licensee Only.	\$ 7.00
<input checked="" type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee Only and is Acceptable for DDC.	\$ 10.00
<input type="checkbox"/> 4. Abstract Record – Certified abstract of completed driver record.	\$ 20.00
<input type="checkbox"/> Other: (Original Application, DWLI, etc.) _____	\$ _____ (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ 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.

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