

THE STATE OF TEXAS

§ IN THE JUSTICE COURT

Vs.

§

§ PRECINCT _____

§

Defendant

§ ANGELINA COUNTY, TEXAS

**REQUEST FOR DEFERRED DISPOSITION
(No Insurance)**

I, _____, Defendant, am hereby making my appearance to the Court and enter a plea of GUILTY or No Contest to the charge of _____

I waive my right to a trial by jury, and request Deferred Disposition.

As conditions of the Deferral Agreement, I understand that the Court will impose cost of court and deferral fees to a total of **\$365.00** and the final disposition is deferred for 180 days pending completion of the following requirements.

1. Defendant shall not receive any additional violations during the deferral period.
2. Defendant shall provide proof of continuous insurance coverage. **No lapse in coverage throughout the duration of the deferral period.**
3. Defendant shall pay the fine in the amount of **\$365.00** within the deferral period (180 days). ****NOTICE ** (If full amount due is not paid within 30 days, a \$15.00 Time Payment Reimbursement Fee will be imposed making the total due **\$380.00****

Upon completion of ALL requirements of the Deferral Agreement, the case will be dismissed.

Failure to complete the identified requirements within the deferral period will result in the imposition of a final judgment and conviction and original fine.

I have read, understand, and agree to the conditions of Deferred Disposition.

Print Defendant Name

Signature of Defendant

Date

Contact phone number

email address

Address

State

Zip