



City of Lancaster
MUNICIPAL COURT



220 W. Main Street * Lancaster, TX 75146 * 972.218.1338 *
www.lancaster-tx.com

REQUEST FOR DEFERRED DISPOSITION

Name: _____

Citation No.: _____ Offense: _____

I understand that I may have this citation dismissed by Deferred Disposition in lieu of a conviction on my driving record. I understand that I can only make this request PRIOR to the due date of my citation. I also understand that Deferred Disposition is a privilege, not a right, offered solely by the discretion of the Court.

- 1) I waive my right to trial and enter my plea of No Contest. I was not charged with speeding in excess of 25 MPH or in excess of 80 MPH. I was charged with an offense eligible for Deferred Disposition and have verified this with the Court.
- 2) I do not possess a Commercial Driver's License in any state.
- 3) I am providing the Court with a copy of my valid driver's license.(must be attached with this form)
- 4) I must make the payment of the full amount of the costs and fees associated with this offense. (must be made at the time the form is submitted over the phone via credit card)
- 5) I have not had a citation dismissed with Deferred Disposition within one (1) year period prior to the issue date of my citation. I am not currently on Deferred Disposition for any citation in any other Court.
- 6) After receiving approval from the Judge, I will receive a copy of my Deferred Disposition Order mailed to my address provided below. I understand that I will be placed on probation for a period of time not to exceed 90 days and If I violate any term of my probation, this citation will not be dismissed and a conviction may be reported to the Texas Department of Public Safety. I understand that there may be other conditions on my Deferred Disposition Order that I will have to comply with such as taking a Driving Safety Course. Please call the Lancaster Municipal Court at 972-218-1334 to find out other possible conditions related to your age and type of offense.

I hereby certify that all statements contained herein are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Address _____ City/State/Zip _____

Telephone: _____ Email: _____

Failure to provide all information and make the payment will result in the request being denied.