	CITATI	ON NUMBER <mark>:</mark>		
THE STATE OF TEXAS VS. DEFENDANT		\$ \$	IN THE MUNICIPAL COURT CITY OF VENUS JOHNSON/ELLIS COUNTY, TEXAS	
		\$ \$ \$ \$ \$ \$		
		§ §		
I h	ereby enter may appearance on th	e complaint of the offense	IVING SAFETY COURSE of:	
			511, Code of Criminal Procedure, to take a driving safety	
1. 2. 3. 4. I u 1. 2. 3.	the United States military forces of Proof of financial responsibility present of court costs; and Payment of a \$10.00 nonrefundate and estand that I must: Complete a driving safety course Submit by the 90 th day from this within the the preceding 12 more maintained by the Texas Department of Public Safety.	r permit, or proof that I am serving on active duty; pursuant to Chapter 601, Troble reimbursement fee or motorcycle operator tra request a uniform certificate request an affidavit that in this from the date of my chent of Public Safety; and	in this request: In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In an amember, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In an amember, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member, or the spouse or dependent of a member, of ansportation Code (automobile liability insurance); In a member of a member, or dependent of a member, or dependent of a member of a	
	inderstand that:			
1. 2. 3. 4.	ordere, the Court will dismiss completed my course for inclusion If I fail to submit all the evidence appear before the Court to show on The judge may at the show cause	my case and report to the on on my driving record; required by the Court, I we cause why I did not present hearing enter a final adjud	ring safety course and submit all the required evidence as the Texas Department of Public Safety the date that I will be notified of a show cause hearing and be required to the required evidence of course completion; ication against me and require me to pay the fine; and the a final adjudication being entered against me, and that I	
7.	will be required to pay the fine ar			
I ATTEST	THAT I HAVE READ THIS DO	OCUMENT.		

Date

Defendant

CITATION NUMBER: C01

NO2 DEFENDANT S JOHNSON/ELLIS COUNTY, TEX AFFIDAVIT I, NO2, state under oath that on the date of my request for a driving safety course/motorcycle operator trainic course in the above numbered cause that I was not taking such a course nor had I completed one within the 12 mont preceding the date of my current offense that is not shown on my driving record as maintained by the Tex Department of Public Safety (or as maintained by the state that issued my driver's license - active military dupersonnel only). Defendant's Signature Print Name Address Apt. # City State Zip Phone Number XXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on	THE STATE OF TEXAS	§ §	IN THE MUNIC	IPAL COURT			
AFFIDAVIT I, N02, state under oath that on the date of my request for a driving safety course/motorcycle operator trainic course in the above numbered cause that I was not taking such a course nor had I completed one within the 12 mont preceding the date of my current offense that is not shown on my driving record as maintained by the Tex Department of Public Safety (or as maintained by the state that issued my driver's license - active military dupersonnel only). Defendant's Signature Print Name Address Apt. # City State Zip Phone Number XXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on	VS.	§ § 8	CITY OF VENU	S			
I, N02, state under oath that on the date of my request for a driving safety course/motorcycle operator trainic course in the above numbered cause that I was not taking such a course nor had I completed one within the 12 mont preceding the date of my current offense that is not shown on my driving record as maintained by the Tex Department of Public Safety (or as maintained by the state that issued my driver's license - active military dupersonnel only). Defendant's Signature			JOHNSON/ELL	IS COUNTY, TEXAS	5		
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preceding the date of my current offense that is not shown on my driving record as maintained by the Tex Department of Public Safety (or as maintained by the state that issued my driver's license - active military dupersonnel only). Defendant's Signature Print Name Address Apt. # City State Zip Phone Number XXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on	I, N02, state under oath that on the da	ate of my request for a dr	riving safety course/motor	rcycle operator training			
Department of Public Safety (or as maintained by the state that issued my driver's license - active military dupersonnel only). Defendant's Signature Print Name Address	course in the above numbered cause that I wa	s not taking such a cours	se nor had I completed on	e within the 12 months			
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Defendant's Signature Print Name Address	Department of Public Safety (or as maintain	ned by the state that is	sued my driver's license	- active military duty			
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Address City State Zip Phone Number XXXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on		Defendant Defendant	Defendant's Signature				
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City State Zip Phone Number XXXXX			<u> </u>				
City State Zip Phone Number XXXXX		Address	Address Apt. #				
Phone Number XXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on Notary Public in and for the State of Texas				1			
Phone Number XXXX DL / ID # (last 4 digits) Email Sworn and subscribed before me, the undersigned authority on Notary Public in and for the State of Texas		<u>City</u>	State	Zip			
XXXX		<i>-</i> ,		_ ., _p			
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Notary Public in and for the State of Texas							
	Sworn and subscribed before me, the un	ndersigned authority or	n	·			
	GPAL COLLEGE						
	*	Notary	Public in and for the Sta	ate of Texas			
SAUS, W							
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