

**Deferred Disposition Request**

Defendant Name: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Violation: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**I am requesting a Deferred Disposition to dismiss my violation. I hereby state that:**

I have plead guilty/no contest to the above listed charge. **(Please circle which one that applies)**

I have enclosed a cashier's check or a money order for the court cost for my violation. The remaining Special Expense Fee associated with Deferred Disposition must be paid by the date ordered by the Court. I understand that failure to pay the Special Expense Fee as Ordered by the Court may result in the issuance of a Capias Pro Fine Warrant for my arrest. **(All moving violations have a court cost of \$99.10 and non-moving violation have a court cost of \$66.00)**

I understand that the Oak Ridge North Municipal Court will send documents that I must sign and return to the Court by the date indicated on the forms.

I understand that if I fail to comply with the terms and conditions on the Deferred Agreement. I will be summons to court for a Show Cause Hearing. I understand that not complying with the Court's Order the Judge may revoke the Deferred Disposition and a final conviction may be entered and reported to the State.

It is my responsibility to verify that the court has received all documents and payments for my Deferred Disposition request and Final Disposition.

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO THE COURT VIA MAIL ALONG WITH THE REQUIRED COURT COST. ANY REQUEST NOT SIGNED AND SUBMITTED ON OR BEFORE YOUR APPEARANCE DATE WILL NOT BE ACCPETED.**

**DO NOT FAX THIS APPLICATION PLEASE MAIL TO:**

OAK RIDGE NORTH MUNICIPAL COURT  
27424 ROBINSON ROAD  
OAK RIDGE NORTH, TX 77385