



Marble Falls Municipal Court
606 Avenue N Marble Falls, Texas 78654
830-693-7173 Fax 830-693-4032

Driver Safety Course Information for Citation Dismissal

Please completely read this information so that you may determine your eligibility and requirements for dismissal of your citation.

If ANY of the following pertain to you or your citation, you are NOT eligible to take the driver safety course for dismissal:

1. You were cited for speeding 25 mph or more above the posted speed limit
2. You were charged with leaving the scene of a collision
3. You were charged with passing a school bus
4. You were cited while driving in a construction zone while worker's were present
5. You hold a CDL driver's license
6. You have taken a Driver Safety Course within the last 12 months (12 months between course completion date and NEW violation date, not the date of your request)

Required documentation to be sent to the court by your due date (90 days from today) for citation dismissal:

1. A **clear** copy of a valid Texas Driver's License or permit
2. A **clear** copy of your proof of financial responsibility (Valid Automobile Liability Insurance)
3. The attached **notarized** affidavit (you may sign at the court in front of clerk)
4. A certified copy of your driver's record. You may use our application or order record **3A online**
at: www.texas.gov
5. **SIGN** and **PRESENT** the **COURT COPY** of a certificate of driver safety course completion from a TDLR approved course. (PLEASE NOTE: the date of completion on the certificate **MUST** be ON or PRIOR to your completion date.)

PLEASE NOTE

Failure to complete any and all of these requirements by required date will result in a forfeit of your right to dismiss your citation with the Driver Safety Course and the conviction will go on your driving record. In addition, your fine amount will not be dismissed and will be due in full.

NO EXCEPTIONS, EXTENSIONS OR EXCUSES!

Following is a list of LOCAL places that offer Driver Safety Classes. **You do not have to take one of the following.** These are for your information only. You may choose any other school approved by the Texas Department of Licensing and Regulation (TDLR). Any additional locations may be found at:

Driver Safety Courses (Classroom and Online):

<https://www.tdlr.texas.gov/DESSearch>

Marble Falls

No classes offered at this time

Burnet

Crazy Gals Café 512-873-9207

Reservations Required

MAIL TO:

**MARBLE FALLS MUNICIPAL COURT
606 AVENUE N
MARBLE FALLS, TEXAS 78654**

CITATION #: _____

AFFIDAVIT

I, _____ **Swear or Affirm that:**
Printed Name

1. I have a valid non-commercial Texas driver's license or permit.
2. I have proof of a valid vehicle insurance policy or proof of financial responsibility, listing me as a covered driver or coverage of the vehicle that I was driving at the time of the citation.
3. I am not in the process of taking a Driver Safety Course or Motorcycle Operator's Training Course, if applicable (Under Section 45.0511 CCP) and I have not completed a Driver Safety Course or Motorcycle Operator's Training Course, as applicable, that is not shown on my driving record within the last 12 months preceding the date of the offense.

I waive my right to trial by judge or jury, enter a plea of No Contest, and understand that I have 90 days from my initial plea date to take an approved course and submit the certificate of completion to the court.

I understand that if I complete a Driving Safety Course within the required time, the charge against me will be dismissed and the court will report to the Department of Public Safety the completion date of the Driving Safety Course for inclusion on my driving record.

If I fail to present to this court proof of completion of the Driving Safety Course within the time required, the court will require my appearance at a show cause hearing. **Failure to comply will result in this violation being reported to DPS and fine amount of citation will be required to be paid in full immediately or a Capias Pro Fine (Warrant) will be issued for my arrest.**

Signature: _____

Mailing Address: _____

Phone Number: _____

Sworn to and subscribed before me this the _____ day of _____, 20 ____

Notary Public of the State of Texas: _____

Notary Seal:

or if completed and signed in our office:

Court Clerk of Marble Falls _____

To order your driving record online with a valid credit card or debit card you may go to : www.texas.gov
****DRIVING RECORDS ORDERED ONLINE WILL NO LONGER BE MAILED, YOU WILL NEED A WORKING PRINTER TO PRINT OUT YOUR COPY OF YOUR DRIVING RECORD****

APPLICATION FOR COPY OF DRIVER RECORD

Mail to: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, Texas 78714-9246

MAKE CHECK or MONEY ORDER PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to Customer Service 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 – List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record Is Not Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> 3. Name – DOB – License Status- List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
<input checked="" type="checkbox"/> 3A. CERTIFIED version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course.	\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc) _____ (If Required)	\$ _____

MAIL DRIVER RECORD TO:
(PLEASE TYPE OR PRINT)

Requestor's Name: MARBLE FALLS MUNICIPAL COURT DL Number _____

Address: 606 AVENUE N

City, State, Zip Code: MARBLE FALLS, TEXAS 78654 Telephone #: 830-693-7173

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 # _____ Date of Birth (Month/Day/Year) _____

Last Name _____ First Name _____ Middle/Maiden _____

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 grant access on this one occasion to my Driver License/ID card record, inclusive of the personal information (name, address, driver identification number, etc.), to MARBLE FALLS MUNICIPAL COURT

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. Sect. 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 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.