

**HENDERSON COUNTY JUSTICE COURTS
UNIFORM TRAFFIC NOTICE**

REPLY FORM

**PLEASE PROVIDE THE FOLLOWING INFORMATION:
SEND A SELF ADDRESSED STAMPED ENVELOPE IF
REQUESTING A RECEIPT OR DSC INFORMATION.**

Defendant: _____
 Address: _____

 Home Telephone: (____) _____
 E-Mail Address: _____
 Employer: _____
 Work Telephone: (____) _____
 Driver's License Number: _____
 Citation Number: _____
 Date Issued: _____

FINE SCHEDULE

OFFENSE	AMOUNT DUE
Speeding over the limit:	
6-10 over	\$204.00
11-15 over	\$219.00
16-20 over	\$239.00
21-24 over	\$289.00
25-over	\$332.00
No Driver's License	\$274.00
Expired Drivers License	\$226.00
DWLI Driving While License Invalid/Suspended	\$474.00
No Liability Insurance (1 st Time)	\$344.00
No Liability Insurance (2 nd Time)	\$619.00
Equipment Violations	\$284.00
No Protective Headgear	\$184.00
Fail to Drive in a Single Lane	\$284.00
Following Too Closely	\$284.00
Open Container	\$284.00
Drove on Wrong Side of Roadway	\$284.00
Backed When Unsafe	\$284.00
Expired Registration/Inspection	\$303.00
Fail to Control Speed & Fail to Yield Right of Way	\$284.00
Traffic Signs, Signals & Markings	\$284.00
Permit Unlicensed Driver to Drive	\$279.00
Unsafe Speed	\$284.00
Possess/Use Radar Jamming Device	\$281.00
Fail to Id	\$479.00
Child Safety Seat Violation – child under 8 yrs.	\$321.50
Seat Belt Violation – over 8yrs and under 17yrs	\$220.00
Seat Belt Violation – 17 yrs. Of age and over	\$184.00

*** Contact the Court for fine amount if the violation occurred in a construction zone with workers present**

Disclaimer: This brochure is furnished as a courtesy and may be changed at the discretion of the Court.

PAYMENT OF FINE OR REQUEST FOR DRIVING SAFETY COURSE:

I enter a plea of
 guilty
 no contest, waive a jury trial, and enclose fine amount

 Defendant's Signature Date

PLEA OF NOT GUILTY, REQUEST FOR TRIAL

I enter a plea of not guilty and:
 waive my right to a jury trial, hereby requesting a trial by the Court
 request a Jury Trial

 Defendant's Signature Date

_____ I understand it is my obligation to furnish the Court with a good mailing address so I can be notified of the Court date accordingly and pending the setting of this trial if at any time my address changes I agree to notify the Court of said address.

DRIVING SAFETY COURSE, MOTORCYCLE OPERATOR TRAINING COURSE, OR CHILD SAFETY SEAT COURSE INFORMATION:

YOUR REQUEST MUST BE MADE IN WRITING. IF YOUR REQUEST IS MADE IN PERSON, IT MUST BE MADE BY THE APPEARANCE DATE ON YOUR CITATION. IF REQUEST IS MAILED, IT MUST BE POSTMARKED BY THE APPEARANCE DATE ON YOUR CITATION. YOU WILL BE DISQUALIFIED FROM TAKING ONE OF THE ABOVE COURSES IF YOU COMPLETE A COURSE PRIOR TO REQUESTING AND PAYING THE REQUIRED FEE TO THE COURT OR DO NOT REQUEST BY THE APPEARANCE DATE SHOWN ON CITATION. SEND A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST

- I have a valid Texas Driver's License
- I do not have a CDL (commercial driver's license)
- I am not charged with speeding 25 mph or more over the posted speed limit, speeding in a construction zone with worker's present or passing a school bus.
- I have not completed an approved course within the 12 months preceding the date of offense of which I am making this request.
- I have attached proof of Insurance.
- I have enclosed the mandatory State and Administrative fee of **\$144.00**

THE FOLLOWING AFFIDAVIT MUST BE SIGNED BEFORE A NOTARY PUBLIC.

I understand that the Court will defer disposition of the Judgment for 90 days to allow me to take an approved course. I understand that I must return to the Court a Certificate of Completion and a certified copy of my Driving Record.

 Date Defendant's Signature
 Sworn to and subscribed before me on: _____

 Notary Public in and for the State of Texas Commission Expires