CITATION NUMBER: _____

IN THE MUNICIPAL COURT	**{}**	**THE STATE OF TEXAS**
CITY OF VIDOR	**{}**	**VS.**
ORANGE COUNTY, TEXAS	**{}**	**_____**

MOTION FOR DISMISSAL/AFFIDAVIT – DISABLED PARKING VIOLATION

I, _____ (DEFENDANT), received a privileged (disabled) parking violation, on

_____ (DATE), and I file this motion for dismissal for the reason stated below.

CHECK ONE:

( ) Vehicle was **SOLD** prior to issuance of the citation. The new owner information is listed in the **RESPONSIBLE PARTY** section below. **(copy of bill of sale and/or Texas DMV transfer notice MUST be presented with this form)**

( ) I was **NOT** the operator of the vehicle on the date and time the citation was issued. I am aware I may be required to appear in Court as a witness on this case should it go to trial. **(RESPONSIBLE PARTY section below MUST be completed.)**

( ) I **WAS** the operator of the vehicle; however, I possessed a valid disabled parking placard that was active and in effect on the date and time the citation was issued. I hereby **AFFIRM** that the disabled parking placard I am filing with the Court has not been altered in any way and is not fraudulent. I also **AFFIRM** that the placard was used **PROPERLY** pursuant to state law and for my benefit only**. (copy of the disabled parking placard that was valid at the time the citation was issued MUST be presented with this form)**

( ) I, _____ (NAME), **WAS** the passenger of the vehicle; however, I possessed a valid disabled parking placard that was active and in effect on the date and time the citation was issued. I exited the vehicle and **AFFIRM** that the placard was used **PROPERLY** pursuant to state law and for my benefit only. I hereby **AFFIRM** that the disabled parking placard I am filing with the Court has not been altered in any way and is not fraudulent. **(copy of the disabled parking placard that was valid at the time the citation was issued MUST be presented with this form)**

WARNING: A MATERIAL FALSE STATEMENT UNDER OATH MADE IN CONNECTION WITH A COURT PROCEEDING IS A FELONLY OF THE THIRD DEGREE.

RESPONSIBLE PARTY'S FULL NAME (print): _____

ADDRESS:_____

_____ _____

Date Defendant Signature or Signature of Disabled Passenger.

Subscribed and **Sworn** to before me, the undersigned authority on the _____ day of _____, 20_____.

_____

Notary Public in and for the State of Texas

My commission expires: _____