

City of Vidor Municipal Court
Deferred Disposition Request
FAIL TO MAINTAIN FINANCIAL RESPONSIBILITY (NO INSURANCE)

CASE OR CITATION #: _____ DATE OF REQUEST: _____

NAME (as shown on citation / please print): _____

_____ Address listed on citation is correct; OR

_____ Address has changed to (please print): _____

CONTACT TELEPHONE NUMBER: () _____.

I hereby enter a plea of “no contest” to the violation of Failure to Maintain Financial Responsibility (No Insurance) and waive my right to a jury trial. I respectfully ask that the Court allow me to complete a Deferred Disposition sentence for this violation. I understand that if I successfully complete the terms of the Deferred Disposition as ordered, my case will be dismissed and not reported as a conviction. I also understand that if I do not successfully complete the terms of the Deferred Disposition, I will be sent a notice to appear in Court to show cause as to why I did not complete the terms of the deferral. If the Judge determines that cause is not sufficient, I understand that the Deferred Disposition will be revoked, a Judgment (conviction) will be entered, and the conviction will be reported to the Department of Public Safety to be entered on my driving record.

I understand that the deferral period, if approved, is one hundred eighty (180) days or less from the date this form is postmarked and agree to the terms of this Deferred Disposition which are:

1. Payment of the total amount due. This amount may be obtained by finding the amount due for your offense on the fine list and adding \$50.00. Payment must be mailed in with this request. If you are unsure of the amount due or if you are eligible, contact the Court office at (409) 769-7452.
2. Purchase and mail with this form a six (6) month valid liability vehicle insurance policy. Policy must be valid and in effect when you make your request and stay valid for six (6) months into the future. Your name **MUST** be listed on the policy. Policy can be a non-owners type policy if you do not own a vehicle. **ALL INSURANCE PRESENTED WILL BE VERIFIED AT THE END OF THE DEFERRAL PERIOD.** If there is a lapse in your coverage during the six months, you will violate your Deferred Disposition Order.
3. Maintain a valid driver’s license during the deferral period and mail in a copy of your driver’s license with this request.
4. Notify the Court in writing of any change of name or address; and
5. Do not be convicted of a no insurance violation within the city limits of the City of Vidor, Texas during the deferral period.

Defendant Signature or Attorney of Record

Date Signed

Send this completed signed form, payment, and a copy of your driver’s license to:
Vidor Municipal Court
1330 First Street, Vidor, TX 77662