



# City of Austin Municipal Court



Address: 700 E. 7th St., Austin, TX 78701  
Mail: P.O. Box 2135, Austin, TX 78768  
Phone: (512) 974-4800; Fax: (512) 974-4882

Email: court@austintexas.gov; Internet: www.austintexas.gov

## Deferred Disposition Request

### Failure to Maintain Proof of Financial Responsibility Violation (No Insurance)

Case or Citation Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name (please print): \_\_\_\_\_

\_\_\_\_\_ Address is correct as shown on the citation; OR

\_\_\_\_\_ Address has changed to: \_\_\_\_\_  
(please print)

I hereby enter a plea of "no contest" to the violation of \_\_\_\_\_ and waive my right to trial. I request the Court allow me to complete a Deferred Disposition for this case. I understand if I successfully complete the terms of the Deferred Disposition by the due date established by the court, my case will be dismissed. If I do not complete the terms of the Deferred Disposition, I will be sent a notice to appear in court to show cause why I did not complete the terms of this deferral. If cause is not sufficient, I understand that the Deferred Disposition will be revoked and I will be found guilty of the offense. **A conviction of this charge remains permanently on my driving record and I understand if I have two or more convictions for Failure to Maintain Proof of Financial Responsibility in the State of Texas, my driver license may be suspended.**

I understand the deferral period is **180 days** (6 months) from the date this form is postmarked and agree to complete the terms of this deferred disposition which are:

1. The payment must be made immediately in the amount of \$125.00 **plus** collection, warrant and/or driver license denial fees, if applicable. The amount due may be obtained by calling 512-974-4800. You cannot pay online and must attach a check or money order at the time this form is submitted. Contact the court if you cannot pay immediately; **and**
2. Maintain the minimum liability insurance coverage as required by law without lapse during the deferral period (send copy of insurance or binder with this form); **and**
3. Possess and maintain a valid driver license or permit during the deferral period (send copy with this form); **and**
4. Notify the Court in writing of any change of address; **and**
5. At the end of the deferral period, submit a letter from your insurance company or agent showing that the above mentioned insurance has been in effect from the date this form is postmarked for a period of 180 days to the Court.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date Signed

Send form, payment and copy of driver license to Austin Municipal Court, P.O. Box 2135, Austin, TX 78768 or visit one of our two Austin locations: Main Courthouse, 700 E 7th Street or Jaime Padron Substation, 12425 Lamplight Village Avenue. Email us at [court@austintexas.gov](mailto:court@austintexas.gov)  
Case information is available at [www.austintexas.gov/public](http://www.austintexas.gov/public)

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.