



DEFERRED DISPOSITION REQUEST

You may submit this form by signing and emailing to "court@leandertx.gov" or *Return by mail or fax to:*

Leander Municipal Court, 201 N. Brushy St, Leander, TX 78641

Phone:(512) 259-1239 Fax: (512) 690-2214

CITATION NO:

OFFENSE:

FULL NAME: Driver's License # and State

I am entering a plea of GUILTY/NOLO CONTENDERE to this traffic violation and waive my right to a jury trial. ***(Required)**

I affirm that I do not have a CDL. (As proof, a copy of your driver's license or ID and insurance must be provided to Court. It is a violation of the law to drive in Texas without insurance coverage.) ***(Required)**

I have had citations within the last year immediately preceding the date of the alleged offense in this case. ***(Required)**

I affirm that I am not currently on a deferred disposition for any other charge in any other court. ***(Required)**

Date of Request (mm/dd/yyyy)

Email

Mailing Address

Home Phone

City, State, Zip Code

Cell Phone

*****(Required)** Defendant's signature _____

Sign this form and return to court by email to "court@leandertx.gov"

OR -

Print out the form and mail or fax to the numbers shown above.