



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, 200 W. Willis St, Leander, TX 78641 Phone:(512) 259-1239
Fax: (512) 528-2713

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.

I affirm that I do not have a CDL. (A copy of you driver's license or ID must be provided to Court)

I have had _____ citations within the last year immediately preceding the date of the alleged offense in this case.

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

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.