

**JUDGE CATHY PENN**  
**JUSTICE OF THE PEACE PCT. 2**  
**ROCKWALL COUNTY, TEXAS**  
Email: JP2court@rockwallcountytexas.com

**APPLICATION FOR DEFERRED DISPOSITION**  
*(If approved an additional fee will be added to fine.)*

\_\_\_\_\_

**Defendant's Name**

\_\_\_\_\_

**Citation Number**

To be eligible for this option you must not have been on deferred disposition in the County of Rockwall for 12 months preceding the violation.

Please answer **yes or no** to the following questions:

*YES*    *NO*

- [ ]    [ ]    1. Are you on deferred disposition (probation) for any other citation?
- [ ]    [ ]    2. Have you received a citation for the charge mentioned above within past twelve (12) months?
- [ ]    [ ]    3. Have you completed an approved Driver's Safety Course in the past twelve (12) months?
- [ ]    [ ]    4. Was there an accident involved at the time you received your citation?

**Note: Persons holding a valid CDL- Commercial Drivers License are ineligible for the deferred.**

**AFFIDAVIT**

I have a valid Drivers License or Permit (from the state of residence).

I have proof of insurance, and I am listed as a driver on the insurance policy or insurance card.

**PLEA**

I hereby enter my plea of **(CIRCLE ONE) NO CONTEST** or **GUILTY** to the offense of \_\_\_\_\_ and ask the court to grant me Deferred Disposition.

I understand that I am waiving my right to a trial by Jury. Furthermore, I understand that as a condition of my deferment, I cannot commit an offense against the State of Texas while under this court order.

\_\_\_\_\_

Defendant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Defendant's Address

\_\_\_\_\_

DL#/ State

\_\_\_\_\_

Defendant's City, State, Zip

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Phone Number

\_\_\_\_\_

E-Mail Address

By signing and providing an email address the defendant is giving permission to be notified via email.

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ 90 DAYS \_\_\_\_\_ 180 DAYS \_\_\_\_\_ DD FEE

\_\_\_\_\_ MANDATORY DRIVER SAFETY COURSE

\_\_\_\_\_ MANDATORY PROOF OF INSURANCE REQUIRED \_\_\_\_\_ MANDATORY ODL

ADDITIONAL REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_

Judge Cathy Penn

\_\_\_\_\_

Date

## Alternatives to Payment of Fines and Costs

A defendant who is convicted of a criminal offense punishable by fine only is entitled to alternative methods of satisfying the judgment against them if they are unable to pay the fine or costs in whole or in part.

Those alternative methods include:

- A) A PAYMENT PLAN ALLOWING THE DEFENDANT TO MAKE PAYMENTS TOWARDS THE FINE AND COSTS IN DESIGNATED INTERVALS. NOTE THAT IF ANY AMOUNT IS PAID MORE THAN 30 DAYS AFTER THE JUDGMENT ASSESSING THE FINE OR COSTS THEN A \$25-TIME PAYMENT FEE MUST BE ASSESSED.
- B) DISPOSITION OF THE AMOUNT ASSESSED BY PERFORMING COMMUNITY SERVICE. THERE ARE MANY OPTIONS THAT MEET THE REQUIREMENTS OF THE LAW FOR COMMUNITY SERVICE, SEE ART. 45.049 OF THE CODE OF CRIMINAL PROCEDURE FOR FULL DETAILS. A DEFENDANT IS ENTITLED TO A MINIMUM OF \$100 CREDIT FOR EVERY 8 HOURS OF COMMUNITY SERVICE PERFORMED.

IF PERFORMING COMMUNITY SERVICE IMPOSES AN UNDUE HARDSHIP, A DEFENDANT WHO IS INDIGENT OR LACKS SUFFICIENT RESOURCES TO PAY IS ENTITLED TO A WAIVER OF THE FINE AND COSTS, IN WHOLE OR IN PART.

- C) A COMBINATION OF FINE AND COMMUNITY SERVICE

CHECK ONE:

- I WILL PAY IN FULL
- I AM NOT INDIGENT, BUT I REQUEST THAT I BE ALLOWED TO PAY OUT BY INSTALLMENTS, THE FINE(S) AND COSTS PURSUANT TO THE TERMS AND CONDITIONS SET BY THIS COURT.
- I AM INDIGENT AND REQUEST AN INDIGENCY HEARING. I REQUEST THAT I BE ALLOWED AN ALTERNATIVE SENTENCE AS PRESCRIBED BY THIS COURT.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND YOUR RIGHTS AND ALTERNATIVES TO PAYMENT OF FINES AND COSTS.

\_\_\_\_\_  
DEFENDANT SIGNATURE

\_\_\_\_\_  
DATE