



GARLAND

MUNICIPAL COURT

DEFERRED DISPOSITION REQUEST BY MAIL

Date: _____

Name: _____

Charge: _____

Address: _____

Citation No.: _____

City, Zip Code: _____

The Judge of the City of Garland Municipal Court will be given your written request for Deferred Disposition regarding the above-referenced cause number. However, this application for deferred adjudication must be completed and returned to the City of Garland Municipal Court; with a copy of your valid driver's license. You must also include payment of a special expense fee in the amount of \$ _____ (please contact the Court for the correct amount of your special expense fee before mailing this form in.)

If you have any questions, please call the Municipal Court at 972-205-2330. The Deferred Disposition Special Expense Fee may be paid by personal check, cashier's check or money order through the mail or lobby night drop. When resubmitting your request, please be sure to write your citation number on your check or money order and include any necessary documents as specified herein. The Municipal Court hours of operation are 8:00 a.m. to 5:00 p.m. Monday through Friday.

Now comes the Defendant, _____, in the above styled and numbered cause and praying that he/she be granted Deferred Disposition in the said cause would show the Court that the ends of justice and the best interest of society and of the Defendant would be served granting the Defendant probation in this cause.

And further, the Defendant herein represents to the Court that he/she has not had Deferred disposition in this court or in any other court exception:

Defendant/Attorney

Date

For Municipal Court Use Only: Copy of Valid Driver's License
 Deferred Disposition Application Form