

CAUSE NUMBER: _____

THE STATE OF TEXAS

§

MUNICIPAL COURT OF RECORD

VS.

§

TOWN OF ARGYLE

§

DENTON COUNTY, TEXAS

**MOTION TO DISMISS
FAIL TO MAINTAIN FINANCIAL RESPONSIBILITY
WITH SUBMITTAL OF PROOF OF VALID INSURANCE POLICY**

I am the defendant in the above named and numbered cause. I request that this offense be *DISMISSED*.
In support of my request for Dismissal (as provided under the Texas Transportation Code):

I am providing the Court with proof of the existence of a **VALID INSURANCE** policy. The proof provided is a copy of the written proof of insurance as provided to me by the issuing insurance company (or proof of other "financial responsibility" as provided under Chapter 601 of the Texas Transportation Code.) In submitting this proof, I certify and swear that the insurance was:

1. **VALID ON THE DATE AND TIME OF MY CITATION;**
2. **VALID FOR THE OPERATION OF THE VEHICLE I WAS OPERATING ON THE DATE AND AT THE TIME OF THE CITATION;**
3. **IF I WAS OPERATING A VEHICLE I DID NOT OWN, THE POLICY OR PROOF WAS VALID AS TO ME, AS THE OPERATOR OF THE VEHICLE AND I WAS NOT AN "EXCLUDED DRIVER" UNDER THAT POLICY;**
4. **TRUE AND CORRECT, AND IF FOUND TO BE FRADULENT, SUBJECT TO PROSECUTION FOR PERJURY.**

I understand that the above numbered offense will NOT BE DISMISSED until the policy has been verified as being in full force and effect on the date and time of the offense as alleged.

The address and phone number on my citation is correct, or if not, I have informed the Court Clerk of my current mailing address. I UNDERSTAND THAT IF THE POLICY SUBMITTED CANNOT BE VERIFIED, THIS CASE WILL NOT BE DISMISSED AND THAT I MUST APPEAR AT A HEARING AT A LATER DATE AND TIME AS NOTIFIED BY THE COURT.

My current mailing address for the purpose of all notice related to this matter is:

Defendant Signature

Street Number and Street Name

City and State

Date of Submission

Further, I understand it is my responsibility to provide the Court Clerk in writing with my current mailing address should it change during the pendency of this case.

For Court Use:

Date Insurance Verified: _____

Name of Agent: _____