

NOTICE OF CONVICTION AND SUSPENSION/DISQUALIFICATION
PLEASE PRINT OR TYPE

NAME _____
(FIRST) (MIDDLE) (LAST)
(SO. SEC. NO.)

ADDRESS _____

DRIVER LICENSE # _____ DATE OF _____ RACE _____ SEX _____
ID # OR NONE _____ BIRTH _____

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____ DISPOSITION DATE _____

TRANSPORTING HAZARDOUS MATERIAL _____ NO _____ YES

EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: COURT MUST PROVIDE SUSPENSION OR DISQUALIFICATION DATES

BEGINNING DATE _____ ENDING DATE _____

CERTIFIED BY _____
SIGNATURE _____ TITLE _____

COURT _____ CAUSE # _____ COUNTY _____

MAIL TO: DRIVER IMPROVEMENT & CONTROL
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TX 78773-0001

DIC-

**NOTICE OF SUSPENSION-VIOLATION OF LICENSE OR CERTIFICATE PROVISION
ARTICLE 6687B, SECTION 32 AND 32A, V.T.C.S.**

(PRINT OR TYPE)

NAME _____
(FIRST) (MIDDLE) (LAST) (SO. SEC. NO.)

ADDRESS _____ CITY _____, TEXAS _____
(Zip Code)

DRIVER LICENSE # _____ DATE OF _____
ID # OR NONE _____ BIRTH _____ RACE _____ SEX _____

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____ DISPOSITION DATE _____

TRANSPORTING HAZARDOUS MATERIAL _____ NO _____ YES

EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: Court must indicate beginning and ending dates of suspension.

DRIVER LICENSE OR OPERATING PRIVILEGE SUSPENDED:

BEGINNING DATE _____ ENDING DATE _____

CERTIFIED BY _____ TITLE _____
SIGNATURE _____

COURT _____ PRECINCT _____ PLACE _____

CAUSE # _____ CITY _____ COUNTY _____

**NOTICE OF VIOLATION NOTICE OF RESTORATION MINOR'S LICENSE ONLY
FAILURE TO APPEAR FAILURE TO PAY FINE**

(PRINT
OR TYPE)

NAME _____
(FIRST) (MIDDLE) (LAST) SOCIAL
SECURITY NUMBER _____

ADDRESS _____ CITY _____, TEXAS _____
(Zip Code)

DRIVER LICENSE # _____ DATE OF BIRTH _____ RACE _____
ID # OR NONE _____
SEX _____

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____

VIOLATION COMMITTED	
Check One _____	FAIL TO APPEAR
_____	FAIL TO PAY FINE

COURT _____ PRECINCT _____ PLACE _____

CAUSE # _____ CITY _____ COUNTY _____

TELEPHONE NO. (____) _____

CASE ON

THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAD MADE FINAL DISPOSITION OF THE _____. THIS SECTION TO BE COMPLETED UPON FINAL DISPOSITION ONLY. (DATE)
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CERTIFIED BY _____ TITLE _____
SIGNATURE _____

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001

PHONE: 512/424-2031 – FAX: 512/424-5809

www.txdps.state.tx.us

DPS CORRECTION FORM

10/13/2011 3:18 PM

Please fill out the form in its entirety as necessary, insufficient information will result in rejection.

Court Information

Court Name:	Phone: () -	Fax: () -
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Defendant Information

Defendant Name:	Date of Birth: / /	
Driver's License Number:	State:	Social Security #: - -

Incorrect Conviction Information

Cause/Docket/Ticket Number:	
Offense/Violation Description:	
Offense Date: / /	Conviction Date: / /

Reason for Correction

Dismissed/Deferred: <input type="checkbox"/>	Reason:
Other: <input type="checkbox"/>	
Driver Safety Course: <input type="checkbox"/>	Driving Safety Course Completion Date: / /
Teen Court Program: <input type="checkbox"/>	Teen Court Completion Date: / /
Wrong Violation/Person: <input type="checkbox"/>	Please fill out the Correct Defendant and/or Conviction Information below

Correct Defendant Information

Defendant Name:	Date of Birth: / /	
Driver's License Number:	State:	Social Security #: - -

Correct Conviction Information

Cause/Docket/Ticket Number:	
Offense/Violation Description:	
Offense Date: / /	Conviction Date: / /

A correction to the driver's history can only be fulfilled upon request from the court and therefore the validity of the driver and violation information must be ensured.

NOTICE OF FINAL CONVICTION FOR TRAFFIC LAW VIOLATION (MISDEMEANOR)

Cause Number: _____

Ticket Number: _____

STATE OF TEXAS

_____, Texas
 First Middle Last Address City

LICENSE STATE & NO: _____ CDL SSN: _____

Date of Birth	Sex	Race	<input type="checkbox"/> CMV – CDL <input type="checkbox"/> Placarded Vehicle	Vehicle Registration Number	State	Year
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OFFENSE COMMITTED (check one):

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Speeding
____ Posted ____
Alleged | <input type="checkbox"/> Wrong Way on One-Way
Street
<input type="checkbox"/> Driving on Wrong Side of
Road | <input type="checkbox"/> Violated License Restriction
Code
_____ | Serious Traffic Violations (in
Commercial Vehicle Only) | |
| <input type="checkbox"/> Ran Red Light
<input type="checkbox"/> Ran Stop Sign | <input type="checkbox"/> No Class C License
<input type="checkbox"/> No Class B License | <input type="checkbox"/> Violated License
Endorsement Code
_____ | | <input type="checkbox"/> Speeding 15 or Over
____ Posted ____ Alleged |
| <input type="checkbox"/> Fail Yield Right of
Way
<input type="checkbox"/> Illegal Turn | <input type="checkbox"/> No Class A License
<input type="checkbox"/> No Class M License | <input type="checkbox"/> No Liability Insurance | | <input type="checkbox"/> Reckless Driving
<input type="checkbox"/> Improper Lane Change
<input type="checkbox"/> Following Too Closely |

Other Violation _____

DATE COMPLETED DRIVING SAFETY COURSE _____ (Code: 3400)
 Officer: _____

Arrested by <input type="checkbox"/> City <input type="checkbox"/>

Date violation committed _____ Date Convicted _____
 County State

Plea: Guilty Not Guilty *Nolo Contendere* Judgment: Guilty Forfeited Bond Amount \$ _____

Court: Municipal Justice of the Peace, Precinct _____ Place _____ City
 _____, Texas Other Court _____

Search of Vehicle: Yes No Consent for Search: Yes No

CERTIFIED AS TRUE AND CORRECT:

_____ MAGISTRATE CLERK

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(FIRST) (MIDDLE) (LAST)
(SO. SEC. NO.)

ADDRESS _____

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EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: COURT MUST PROVIDE SUSPENSION OR DISQUALIFICATION DATES

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CERTIFIED BY _____
SIGNATURE _____ TITLE _____

COURT _____ CAUSE # _____ COUNTY _____

MAIL TO: DRIVER IMPROVEMENT & CONTROL
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TX 78773-0001

MEMBER JURISDICTIONS OF
NON-RESIDENT VIOLATOR COMPACT

Alabama
Arizona
Arkansas
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho

Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Minnesota
Mississippi
Missouri

Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma

Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wyoming

NONRESIDENT VIOLATOR COMPACT: NOTICE OF FAILURE TO COMPLY WITH TERMS OF CITATION

STATE OF



TEXAS
Nonresident
Violator Compact

You have failed to respond to the citation described in this notice by appearing in court, entering a plea and/or paying the fine within the prescribed time limit. Failure to appear or remit the fine to the court within 15 days from the date shown in the lower right corner of this notice will result in notifying the licensing authority in your state to suspend your driver's license until you respond or the fine has been paid.

CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED		
DESCRIPTION OF VIOLATION				APPEARANCE DATE	FINE AND COSTS		
DRIVER'S LICENSE NO.		STATE	DATE OF BIRTH		NAME OF COURT		
NAME	LAST	FIRST	MIDDLE	SEX		MAILING ADDRESS	
STREET ADDRESS							CITY STATE ZIP CODE
CITY		STATE	ZIP CODE			TELEPHONE NUMBER	
PLATE NUMBER	STATE	YEAR	MAKE	MODEL		AUTHORIZED BY DATE	

DEFENDANT'S NOTICE

Copies of form

1. Original sent to defendant
Hold in pending file for 15 days
2. 2nd and 3rd copies are mailed to Texas Department of Public Safety to address on notice if payment not received, Department of Public Safety will notify defendant's home state.
3. 5th and 6th copies of the notice are held in the court file. If at any time beyond this point in the process the defendant resolves the case with the court it is imperative that the court complete the 4th and 5th copies of the notice "Defendants Receipt" and "Notice of Withdrawal of Suspension". The receipt should be mailed to the defendant and the notice of withdrawal of suspension to Texas Department of Public Safety Department of Public Safety will notify home state of payment being received.

Editor's Note: DPS no longer provides the carbon copy six-part form. Courts can modify this form, but it should be designed in accordance with the format shown.

