



**THROCKMORTON COUNTY JUSTICE OF THE PEACE**

**BOBBY J. THOMPSON**

**105 North Minter, PO Box 721 Throckmorton, Texas 76483**

**Phone: 940-849-8830 Fax: 940-849-8811**

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Cause or Citation Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Address is correct as shown on the citation; OR

\_\_\_\_\_ Address has changed to: \_\_\_\_\_

I hereby enter a plea of "no contest" to the violation of \_\_\_\_\_  
and waive my right to a jury trial. I request that the Court allow me to complete a Deferred Disposition  
sentence for this case. I understand that if I successfully complete the terms of the Deferred Disposition in  
a timely manner, my case will be dismissed. If I do not successfully complete the terms of the Deferred  
Disposition, I will be sent notice to appear in court to show cause why I did not complete the terms of this  
deferral. If cause is not sufficient, I understand that the Deferred Disposition will be revoked, a judgment  
of guilt entered, and the conviction will be reported to the Department of Public Safety to be placed on my  
driving record.

I understand that the deferral period is 90 days from the date the payment is received and agree to the  
terms of this Deferred Disposition which are:

1. Payment must be made immediately equal to the current balance of the case which is  
\$ \_\_\_\_\_ ( the amount may be obtained by calling 940-849-8830); you may pay by card,  
money order, or cashiers check with this request; contact the court if you cannot pay  
immediately; **and**
2. Possess and maintain a valid driver license or permit during the deferral period; **and**
3. Send proof of Liability Insurance; **and**
4. Commit no moving traffic violation within the State of Texas while on deferred probation.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date Signed