



# City of Austin Municipal Court



Address: 700 E. 7<sup>th</sup> St., Austin, TX 78701

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Phone: (512) 974-4800; Fax: (512) 974-4882

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## MOTION FOR DISMISSAL/AFFIDAVIT DISABLED PARKING VIOLATION

CASE NUMBER \_\_\_\_\_

THE STATE OF TEXAS  
vs.

\_\_\_\_\_

I, (print name) \_\_\_\_\_ file this motion for dismissal for the reason stated below. I request the State and the Court to dismiss this case.

### (Check One)

\_\_\_\_\_ Vehicle was **SOLD** prior to violation. The new owner information is listed in **responsible party** section below. Attach bill of sale (if available) or Texas DMV transfer notice.

\_\_\_\_\_ Vehicle was leased or a rental. The lessee/renter information is listed in **responsible party** section below. Attach rental or lease agreement.

\_\_\_\_\_ **I was not** the driver of the vehicle with license plate number \_\_\_\_\_ on the date of \_\_\_\_\_ when the vehicle was cited for a disabled parking violation. I am aware I may be required to appear in Court as a witness if a trial before judge or jury is held. (Please complete the name and address information for **responsible party** below).

\_\_\_\_\_ **I was** responsible for the vehicle with license plate number \_\_\_\_\_ at the time of the violation on the date of \_\_\_\_\_ (complete the **responsible party** information below).

\_\_\_\_\_ **I possessed** a valid disabled parking placard at the time of the offense.

**Responsible Party's Full Name (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

I understand that providing false information is a violation of the law and could lead to criminal prosecution and additional charges against me. I understand that it is my responsibility to notify the Texas Department of Motor Vehicles if I am no longer the owner of the vehicle. By my signature below, I affirm the information provided in this affidavit is true and correct.

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

SWORN AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Deputy Clerk  
Municipal Court  
City of Austin, Texas

Notary in and for the State of Texas  
My Commission Expires: \_\_\_\_\_

Note: If mailed, this affidavit must be notarized.

You are responsible for confirming whether this motion was granted or denied. You can obtain this information by calling (512) 974-4800 or by visiting the Court's website at: [www.austintexas.gov/court](http://www.austintexas.gov/court)

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request