

CAUSE NUMBER: \_\_\_\_\_

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

vs.

§

OF THE CITY OF MANOR,

\_\_\_\_\_, Defendant

§

TRAVIS COUNTY, TEXAS

**SWORN INSURANCE AFFIDAVIT**

“My name is \_\_\_\_\_. I am over seventeen years of age, of sound mind, and have personal knowledge of the facts stated herein and they are true and correct. The proof of an insurance policy I have submitted to the Municipal Court of the City of Manor is a true and correct copy or the true policy. The proof attached hereto and incorporated herein by reference as Exhibit “A” is a true copy of the liability insurance policy or insurance card showing that:

**DISMISSAL/** \_\_\_\_ A valid **OWNER OR OPERATOR liability insurance policy** was in full force and effect at the time and on the date that I received citation number C01 for the vehicle that I was driving;

**DEFERRAL/** \_\_\_\_ A valid **OWNER OR OPERATOR liability insurance policy** is in full force and effect for the vehicle I was driving when I received citation number C01 and there have been no lapses in coverage since my request for an insurance deferral was submitted.

\_\_\_\_\_  
Defendant Signature

**\*Warning:** If the foregoing sworn statement and / or the insurance documents are found to be false, additional charges of Perjury and / or Tampering with a Government Document may be filed against you. Perjury is a Class “A” misdemeanor offense, with a maximum fine not to exceed \$4,000 and may include confinement in Jail for up to one year. Tampering with a Government Document is a Class “A” misdemeanor offense, with a maximum fine not to exceed \$4,000 and may include confinement in Jail for up to one year or up to a State Jail Felony with a penalty of confinement to a state jail for a period of not more than two years and not less than 180 days.

Was this vehicle a _____ (description of vehicle) covered by this policy on _____ at _____ (date and time of offense indicated on citation)?	YES	NO
Does the policy cover the vehicle being driven by _____ (Defendant)?	YES	NO
If not, what day and time did the coverage begin?	DATE:	TIME:
Were there any lapses in coverage in the last 30 days?	YES	NO
Does _____ (Defendant) have valid vehicle owner or vehicle operator insurance coverage?	YES	NO

(Place Insurance Stamp/Seal Below)

AGENT NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM IS DUE TO THE COURT STAFF NO LATER THAN THE APPEARANCE DATE LOCATED ON THE CITATION.**