

CITY OF KEMAH MUNICIPAL COURT

INSURANCE VERIFICATION FORM

Cause Number (Citation Number) :

The State of Texas

vs.

(Please leave nothing blank or we will not be able to complete this process)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP : _____

PHONE NUMBER : _____

EMAIL: _____

I SWEAR THE INSURANCE SUBMITTED TO THE COURT IS A VALID POLICY AND IS TRUE AND CORRECT AS SUBMITTED.

I FURTHER ACKNOWLEDGE THAT, BY SIGNING BELOW, I UNDERSTAND THAT, UNDER TEXAS TRANSPORTATION CODE SECTION 548.603(b)(1), I COULD BE CHARGED WITH A SECOND DEGREE FELONY, IF THE INSURANCE CERTIFICATE IS FOUND TO BE COUNTERFEIT, TAMPERED WITH, ALTERED, FICTITIOUS OR ISSUED FOR ANOTHER VEHICLE,

I ACKNOWLEDGE AND RENEW my promise to appear in accordance with my lawful release from custody pursuant to the Transportation Code Section 543.003 et. Seq. or the Texas Penal Code Section 38.10.

I, ACKNOWLEDGE THAT PER THE TEXAS TRANSPORTATION CODE, ARTICLE 601.193, ALL PROOF OF INSURANCE SUBMITTED MUST BE VERIFIED BEFORE DISMISSAL OF CITATION.

SIGNATURE OF DEFENDANT

DAYTIME PHONE NUMBER

Email to: court@kemahtx.gov

DO NOT WRITE BELOW THIS LINE. FOR COURT STAFF ONLY.

INSURANCE: VALID

NOT VALID

INSURANCE REPRESENTATIVE:

VERIFIED BY:

(COURT REPRESENTATIVE)

DATE: