

**SUGAR LAND MUNICIPAL COURT**  
1200 Highway 6 South | Sugar Land, Texas 77478 | 281-275-2560

Defendants Name \_\_\_\_\_  
Ticket No. \_\_\_\_\_ Cause No. \_\_\_\_\_  
Violation Date \_\_\_\_\_ Violation Time \_\_\_\_\_

**PROOF OF FINANCIAL RESPONSIBILITY**

Our records indicate you are in receipt of a ticket for "Failure to Maintain Financial Responsibility" (FMFR) or No Proof of Insurance. The citation was issued only after the officer was unable to verify liability coverage at the time of stop. The Court understands, in many cases the individual does carry Liability Insurance but did not have the proof available to show the officer at the time of the traffic stop. In these circumstances the officer will issue the citation instructing you to provide proof of insurance to the Court and your ticket will be dismissed. This is correct, however, if a citation is issued for Failure to Maintain Financial Responsibility, the Court requires more than an insurance card to dismiss that violation.

**To have your FMFR case dismissed, you must provide proof to the Court of the following:**

1. You were covered by the minimum Liability Insurance on the exact date and time the citation was issued and the insurance card;
2. The vehicle cited on the ticket is listed, on the policy, as a covered vehicle;
3. You are/were a covered driver and your name is listed on the policy or, if your name is not on the policy, proof that you had permission to drive the vehicle and you are NOT an excluded driver

The court must be able to verify all information provided with the insurance company. You should contact your insurance carrier and authorize them to provide all requested information to the court.

If you do not have all of the above information available, a letter of experience from your insurance company, listing all of the above criteria, will be sufficient proof. We must have written proof to present to the Judge for dismissal no later than the date attached.

***It is your responsibility to see that we receive the necessary information from the insurance company. You must personally provide us with 1-3 above or personally provide us with the fill in the blank form attached to this letter. We will NOT accept binders or Declaration pages. If you cannot personally provide us with the necessary documentation you must appear in court on the date indicated on the Arraignment Notice provided, herein. Failure to do so may result in a warrant being issued for your arrest.***

**PLEASE DO NOT WRITE BELOW THIS LINE- FOR INSURANCE COMPANY ONLY**

Re: Proof of Insurance for Ticket Number: \_\_\_\_\_  
*Insert Ticket Number Above*

This is to verify that the insurance policy number \_\_\_\_\_, covering the following vehicle(s) information: \_\_\_\_\_  
*Vehicle Year/Make/Model Vin Number*

in the name of \_\_\_\_\_ was in effect on the \_\_\_\_\_  
*Insert Violation Date/Time Above*

This is also to verify that the defendant \_\_\_\_\_ is not a driver excluded from coverage on this policy (provided he/she had permission, from the policy holder, to drive the vehicle).

No, \_\_\_\_\_ was NOT covered under this policy on the date and time of the stop  
*Insert Defendant Name Above*

Name of Insurance Company \_\_\_\_\_  
Signature of Representative providing information \_\_\_\_\_ Printed Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ (Extension) \_\_\_\_\_

**Upon completion of the document, please submit it along with a copy of your insurance card to the Court either by using the following link: <https://cityapps.sugarlandtx.gov/document-submission-upload> or by scanning the QR code provided.**

