

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](mailto:court@kemahtx.gov)

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

INSURANCE: VALID

NOT VALID

INSURANCE REPRESENTATIVE:

VERIFIED BY:

(COURT REPRESENTATIVE)

DATE: