

**PAYMENT
PLEA AND REQUEST**

DEFENDANT NAME: _____ DOCKET NO: _____ CITATION NO: _____

Payment Plan Terms and Conditions:

1. Defendant must plea **Guilty/Nolo Contendre** and agree to the fine.
2. Defendant must complete Payment Plan Plea and Request and submit to court on/before appearance date.
3. To determine payment amount, consult Fine Schedule or contact the court. The State of Texas requires a \$25 fee be added to the fine amount for all payments made 31 days after judgment. This amount is added to fine. 1st payment is a minimum of \$100 with the remaining paid out at minimum of \$100 every 30 days.

Complete Chart

Offense Fine	
Time Payment Fee	+ \$25.00
Total	=
1 st Payment Due With Request MINIMUM \$100.00	-
Balance Due	=

DEFENDANT'S PERSONAL INFORMATION

Address _____

Driver's License Number _____

Phone Number (HM) _____ (CELL) _____ (WK) _____

Place of Employment _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____

Mailing Address _____ City, State, Zip _____

Relationship to Defendant _____

I hereby enter a plea of (check one) _____ GUILTY OR _____ NOLO CONTENDRE to the offense and waive my right to a trial. I request a **PAYMENT PLAN**.

I am furnishing the Court with (MAIL THESE ITEMS)

_____ First Payment of \$100 (minimum)

_____ PLEA & REQUEST (This form)

NO PERSONAL CHECKS

Defendant Signature

Date

WARNING: Insufficient request will be denied and returned. Failure to make payments as agreed may result in a WARRANT being issued for your arrest.

OFFICE USE ONLY _____ Approved _____ Denied

Date Received

Judge