

CAUSE NUMBER: _____

STATE OF TEXAS

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§

IN THE JUSTICE COURT

VS.

PRECINCT FOUR

ATASCOSA COUNTY, TEXAS

PLEA FORM

☐ **Plea of Guilty**

I, the undersigned, do hereby enter my appearance on the citation of the offense, in the Justice Court Precinct Four in Atascosa County, Texas. I understand that I have a right to a jury trial. I do hereby plead Guilty to the offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record

☐ **Plea of Nolo Contendere**

I, the undersigned, do hereby enter my appearance on the citation of the offense, charged in the Justice Court Precinct Four in Atascosa County, Texas. I understand that I have a right to a jury trial and that my signature on this plea of Nolo Contendere (meaning "no contest") will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby plead Nolo Contendere to said offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

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☐ **Plea of Not Guilty**

I, the undersigned, do hereby enter my appearance on the citation of the offense, charged in the Justice Court Precinct Four in Atascosa County, Texas I plead not guilty.

Initial One:

_____ I want a jury trial.

_____ I waive my right to a jury trial and request a trial before the Court.

I promise to appear, in person, on any date for which this case is scheduled before this Court. I understand that if I do not appear anytime I am required to appear for this case, a warrant may be issued for my arrest.

☐ I, the undersigned, do hereby request the amount of fine assessed and the amount of appeal bond that the Court will approve.

Defendant's Signature

Date

Cell Phone Number

Mailing Address

CAUSE NUMBER: _____

Payment Plan Request Form

By requesting a payment plan you are entering into an agreement with the court to make payments as you have selected below. If the total amount due is not paid within 30 days of the date of Judgment, on the 31st day a \$15 Time Payment Fee will be added to the Defendant's balance. A plea must be entered to the Court before a Payment Plan may be requested. Complete the form below and return to our office no later than

THE 10TH DAY FROM TODAY

Payment Plan:

First payment to be made on _____ in the amount of \$ _____
(DATE) (AMOUNT)

and future payments will be made (choose one option)

☐ Pay in full within 30 days of Judgment.

☐ Monthly on the _____ day (Ex: 3rd, 15th, 30th, etc.)
and continuing each month on day stated above until the Judgment is paid in full.

THE COURT REQUIRES THE FOLLOWING INFORMATION TO ENTER INTO A PAYMENT PLAN. IF AT ANY TIME YOU DEFAULT ON YOUR PAYMENT ORDER THE COURT WILL TAKE ALL NECESSARY MEASURES TO CONTACT YOU AND SCHEDULE A SHOWCAUSE HEARING BEFORE ISSUING A CAPIAS WARRANT FOR YOUR ARREST.

DEFENDANT'S SIGNATURE

DATE