

**PAYMENT PLAN
PLEA AND REQUEST**

DEFENDANT NAME: _____

CITATION NUMBER: _____

Payment Plan Terms and Conditions:

1. Defendant must plea Guilty/Nolo Contendere 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.
4. The recommended required amount is a first payment \$100.00 (minimum) with the remaining paid out at minimum of \$100 every 30 days. Please contact the court to request a lower payment amount.

Complete Chart

| | |
|-----------------------|----|
| Amount of fine(s) | \$ |
| Amount of 1st Payment | \$ |
| Amount due | \$ |

5. Once the court receives this request, a Payment Agreement will be mailed to the address on this form.
6. The State of Texas requires a \$25 fee be added to the fine amount for all payments made 31 days after judgment. This amount will be added to the fine and listed in your Payment Agreement.
7. Failure to make a payment as agreed will result in a Capias Pro Fine Warrant being issued for your arrest.

DEFENDANT'S PERSONAL INFORMATION

Address _____

Driver's License Number _____ Date of Birth _____

Phone Numbers (HM) _____ (CELL) _____ (WK) _____

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

I am furnishing the Court with (MAIL THESE ITEMS)

_____ PLEA & REQUEST - (This form)
_____ FIRST PAYMENT Cashier's Check or Money Order Only
Payable to: Justice of the Peace, PO Box 539, Claude, TX - 79019

Defendant Signature

Date

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

OFFICE USE ONLY _____ **Approved** _____ **Denied**

Date Received

Judge Dianne Samaniego