

PAYMENT PLAN PLEA AND REQUEST

DEFENDANT NAME: _____ **CITATION NUMBER:** _____

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.
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. This amount will be added to the fine and listed in your Payment Agreement.
6. 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 Jana Lemons, Justice of the Peace