

CAUSE NUMBER: _____

OFFENSE: _____

STATE OF TEXAS

§

VS.

§

IN THE JUSTICE COURT

OF PRECINCT ONE

§

ATASCOSA COUNTY, TEXAS

PLEA OF NOLO CONTENDERE

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in the Justice Court, of Precinct One, Atascosa County, Texas. I have been informed of my right to a jury trial and that my signature to 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.

Defendant's Signature

Date

Address

PLEA OF GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in the Justice Court, of Precinct One, Atascosa County, Texas. I have been informed of my right to a jury trial and that my signature to this plea of guilty will have the same force and effect as a judgment of the Court. I do hereby plead guilty 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.

Defendant's Signature

Date

Address

PLEA OF NOT GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in the Justice Court, of Precinct One, Atascosa County, Texas. I plead not guilty and request a Trial.

Initial One:

I want a Jury Trial.

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

Defendant's Signature

Date

Address

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. PLEASE BE ADVISED: If you are unable to make payments you may be able to take care of the fine and court cost thru community service. Community service will require the Judge's approval. If you are unable to perform community service due to a hardship your fine and court cost may be waived completely. If you are unable to make payments or have any other questions please contact the court.

Payment Plan:

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

and future payments of \$ _____ to be made (choose one option):
(AMOUNT)

Pay in full within 30 days of Judgment on _____ day of _____, 2020

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

Weekly on (choose one):

Monday Tuesday Wednesday Thursday Friday
and continuing each week on day stated above until Judgement is paid in full.

Bi-weekly on (choose one):

Monday Tuesday Wednesday Thursday Friday
and continuing every other week on the day stated above until Judgement 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.

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Signature _____

Date _____