

Judge Tammy J. Liska
 Sutton County Justice of the Peace
 Sutton County Courthouse
 102 North Water Avenue
 P.O. Box 165
 Sonora, Texas 76950



Office Hours: Monday - Friday, 8am - 5pm
Administrative Days on Tuesdays & Thursdays
With NO PHONE CALLS after 3pm
Telephone Number: (325) 387-3322
Fax Number: (325) 387-6122

COURTESY LETTER

IT IS NOT NECESSARY TO CONTACT THE COURT UNLESS YOU HAVE ADDITIONAL QUESTIONS CONCERNING YOUR CITATION AFTER YOU HAVE READ THIS COURTESY LETTER:

The Courtesy Letter is provided to assist you with the options available to you in reference to the violation(s) filed against you. The Courtesy Letter **MUST** be returned to the Court on or before the Court Appearance date provided on your citation indicating your plea. Failure to enter a plea on or before the Court appearance date provided on your citation may result in a separate violation(s) for FAILURE TO APPEAR/VIOLATE PROMISE TO APPEAR. If you are going to seek Legal Counsel, it needs to be done in a timely manner, so Counsel has time to submit a Letter of Representation on or before the Court appearance date provided on your citation. Once your citation goes into FAILURE TO APPEAR/VIOLATE PROMISE TO APPEAR status, you are subject to additional COSTS and DRIVER'S LICENSE ENFORCEMENT ACTIONS. Please ensure all PLEAS, PAYMENTS or ATTORNEY'S LETTER OF REPRESENTATION are mailed to the Court and **POSTMARKED** on or before the Court appearance date provided on your citation. If you are going to plead NOT GUILTY you **WILL NOT** be allowed to discuss the details of your violation(s) with the Judge outside the presence of the Prosecutor prior to trial. For more information you may visit our website at www.co.sutton.tx.us.

ALL COURT CORRESPONDENCE SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

Sutton County J.P.
P.O. Box 165
Sonora, Texas 76950

PLEASE SELECT ONE PLEA AND FILL OUT THE FOLLOWING INFORMATION:

- GUILTY** - I waive my right to trial; enclosed is the amount assessed for the violation(s) filed against me.
- NO CONTEST** - I am not admitting guilt, but do not contest the violation(s) filed against me and waive my right to a trial; enclosed is the amount assessed for the violation(s) filed against me.
- NOT GUILTY** - I understand that I will be notified by return mail of trial date. I understand I have the right to a trial by Judge or Jury and I must request this prior to the trial date. I am requesting trial by: **JUDGE** or **JURY**.

PAYMENTS should be made by **MONEY ORDERS** or **CASHIER'S CHECKS ONLY** and be payable to **SUTTON COUNTY J.P.**. The Court **WILL NOT** accept **PERSONAL CHECKS** and any received will be returned. The Court recommends that you **DO NOT** send cash, as it is not trackable and if lost in the mail you will still be responsible for the amount assessed against you for your violation(s).

Signature: _____ Printed Name: _____

Date: ___/___/_____ Citation Number: _____ Violation: _____

Speeding - Trucks, Recreational Vehicles, and Combination Vehicles (towing trailers).....	\$315.00
Speeding - Passenger Vehicles and Light Trucks:	
1-9 mph over posted speed limit.....	\$215.00
10-14 mph over posted speed limit.....	\$265.00
15 mph or More over posted speed limit.....	\$315.00
Unrestrained Child under 8 years of age-1 st Offense.....	\$235.00
Unrestrained Child - 8 to 17 years of age-1 st Offense.....	\$235.00
Adult Seatbelt Violation-1 st Offense.....	\$165.00
Fail to Move Over or Yield Right of Way to Stationary or Emergency Vehicle.....	\$315.00
No or Expired Motor Vehicle Registration.....	\$215.00
Fictitious Motor Vehicle Inspection or Registration.....	\$330.00
No Valid or Suspended Driver's License.....	\$280.00
Expired or Failure to Display Driver's License.....	\$185.00
Permitting an Unlicensed Adult to Drive.....	\$215.00
Permitting an Unlicensed Minor to Drive.....	\$315.00
No Liability Insurance-1 st Offense.....	\$280.00
Drive in Left When Not Passing or Prohibited.....	\$215.00
Unauthorized Use of glass coating-Window Tint anything under 25% Light Transmittance Value.....	\$190.00

For other violations contact the Court or visit our website shown above.

ALTERNATIVE METHODS OF PAYMENT FOR THE AMOUNT ASSESSED AGAINST YOU INCLUDE:

***Payment plan:** Payment Plans include a **\$15.00 TIME PAYMENT COST** that is assessed for any amount paid 31 days or more after the appearance date provided on your citation or the date of Judgement if you are found guilty at trial. You **MUST** contact the Court for **APPROVAL** prior to the appearance date provided on your citation to set up a payment plan.

***Indigent:** If you lack sufficient resources to pay, you are entitled to a waiver of the amount assessed for the violation filed against you. You will be required to provide proof of indigence, which can be done either by providing a Notarized Affidavit of Indigence to the Court or an Indigence Hearing. **WARNING** the Affidavit of Indigence is a Sworn Legal Document that you are swearing **UNDER PENALTY OF PERJURY**, that the information provided is true and correct. The Court may require additional documentation to verify your indigence.

- **To discharge all or part of the fine and costs assessed against me due to lack of resources to pay I am requesting an: () Affidavit of Indigence be mailed to me or () I request an Indigency Hearing.**

***Community Service:** **BEFORE** you will be approved to do Community Service you will be required to provide an Affidavit of Indigence to the Court. If you are found to be indigent you may be allowed to do Community Service to discharge all or part of the fine and costs assessed against you. **WARNING** the Affidavit of Indigence is a sworn legal document that you are swearing **UNDER PENALTY OF PERJURY**, that the information you provide is true and correct. The Court may require additional documentation to verify your indigence. If approved you will get a minimum of \$100 credit for every 8 hours of Community Service performed. You may discharge an obligation to perform Community Service by paying the fine and costs assessed against you at any time.

- **To discharge all or part of the fine and costs assessed against me I am requesting to do Community Service and I request an: () Affidavit of Indigence be mailed to me or () I request an Indigency Hearing.**

RIGHT TO DISMISSAL

***Driver's Safety Course:** If you are eligible, you have the right to request this option to dismiss a moving violation. The following required items and plea listed below **MUST** be mailed to the Court and be **POST MARKED** on or before the appearance date provided on the citation or you may be **DENIED** the right to this option. It may take up to two weeks before you receive your **WRITTEN APPROVAL** from the Court confirming your eligibility and requirements. **DO NOT** take a course until you receive your **WRITTEN APPROVAL** from the Court. State approved courses and cost can be found at the Texas Department of License and Regulations website at www.tdlr.texas.gov.

FAILURE TO FURNISH ALL THE FOLLOWING INFORMATION REQUIRED UNDER TEXAS TRANSPORTATION CODE 45.0511, MAY RESULT IN YOUR REQUEST BEING DENIED:

1. A copy of your **VALID TEXAS DRIVER'S LICENSE** (or active duty military status).
2. A copy of your **LIABILITY INSURANCE** (must include policy#, agents name & phone #, and be valid on date of violation).
3. A copy of your **CITATION**.
4. A **CASHIER'S CHECK OR MONEY ORDER (No Personal Checks)** for the **\$144.00 Court Cost (Do Not Include Fine Amount)**.
5. A copy of your **DRIVING RECORD-TYPE 3A**, which can be purchased thru the Texas Department of Public Safety website at www.texas.gov.

The following are **NOT ELIGIBLE** to take a Driving Safety Course to dismiss a violation:

1. **CDL** (Commercial driver's license) holders.
2. Speeding in a **CONSTRUCTION OR MAINTENANCE ZONE WITH WORKERS PRESENT**.
3. Speeding **95 MPH OR MORE**.
4. Speeding **25 MPH OR MORE OVER THE POSTED SPEED LIMIT**.
5. If you have taken a Driving Safety Course **WITHIN THE PAST 12 MONTHS**.
6. **NON-TEXAS** Driver's License Holders, who are **NOT** currently on active duty military status.

I hereby enter a plea of Guilty () or No Contest () and request to take a Driving Safety Course. I understand upon receiving **WRITTEN APPROVAL** I will have to **COMPLY** with the terms stated in the **COURT ORDER**. I also understand that if I fail to submit a **COURT COPY** of the **DRIVING SAFETY COURSE COMPLETION CERTIFICATE** by the date on the **COURT ORDER**, I may have an additional cost of **\$200.00** added to the fine amount and a **CONVICTION** entered on my Driving Record.

Signature: _____ Printed Name: _____

Date: ____/____/____ Mailing Address: _____

Ticket Number: _____ City/State/Zip: _____