

JUSTICE OF THE PEACE GOLIAD COUNTY, TEXAS

Herman L. Roe II
Justice of the Peace, Pct. One
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OFFICE HOURS:

Monday – Thursday: 7:30a.m. – 5p.m. * Friday: 8:00a.m. – 12:00p.m.

- 1. This letter is furnished as a courtesy to you by the Justice Court of Goliad County to assist you in making disposition of the charge(s) filed against you.
2. IF YOU WISH TO ENTER A PLEA OF "NOT GUILTY" and desire a trial, please indicate in the proper space provided below. You shall be notified by mail of your Court Date.
3. IF YOU WISH TO ENTER A PLEA OF "GUILTY" or "NOLO CONTENDERE", please indicate in the proper space below.
4. You may make your remittance by MONEY ORDER, CASHIER'S CHECK, OR CREDIT/DEBIT CARD (MASTERCARD/VISA) to the appropriate Justice of the Peace circled on the top of this page. Please return a copy of the citation along with the completed reply form below to assure proper credit.
5. Juveniles 16 years of age or younger must appear in Court with a parent or guardian on or before their appearance date as shown on the citation or be subject to having their license suspended as required by law.
6. IF YOU FAIL TO RESPOND TO THE CHARGE(S) BY THE APPEARANCE DATE SHOWN ON THE CITATION, an additional charge may be filed against you for "VIOLATE PROMISE TO APPEAR" AND A WARRANT MAY BE ISSUED FOR YOUR ARREST and you may be denied renewal of your Driver's License.

REPLY FORM

Check One and Complete (please print)

- 1. I hereby enter a plea of GUILTY and waive appearance for trial.
2. I hereby enter a plea of NO CONTEST and waive appearance for trial.
3. I hereby enter a plea of NOT GUILTY and request a trial by ___ Judge or ___ Jury.
4. I hereby enter a plea of ___ GUILTY or ___ NO CONTEST and request the charge be dismissed with completion of a Driving Safety Course (DSC).

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ Phone # _____

Email: _____ Date: _____

_____ Fine is enclosed; _____ 30 days to pay _____ Request Payment Plan (\$15.00 fee added)