

DARLENE CHILDRESS JUSTICE OF THE PEACE PCT.# 4
TELEPHONE: 903-854-4220 FAX: 903-854-4316
Email: jp4@eastex.net

PLEA FORM

NO PERSONAL CHECKS WILL BE ACCEPTED

PLEA FORM IS DUE ON OR BEFORE THE DUE DATE ON YOUR TICKET

Please **INITIAL ONE**

- _____ 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 **WAIVE MY RIGHT TO A JURY TRIAL** AND REQUEST TRIAL BY JUDGE.
- _____ 4. I HEREBY ENTER MY PLEA OF **NOT GUILTY** AND REQUEST **TRIAL BY JURY**.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: _____

OFFENSE: _____ CAUSE NUMBER: _____

IF PAYMENT IS NOT IN FULL TODAY FILL OUT THE INFO. BELOW

Please **INITIAL ONE**:

_____ I AM INDIGENT. I request an Indigent form and an Indigent Hearing
(The court will fill out DATE) ON _____ DAY _____ 20 _____

OR

_____ I AM INDIGENT and waive my right to an Indigent Hearing.

_____ I AM NOT INDIGENT and waive my right to an Indigent Hearing.

I FORMALLY REQUEST:

_____ COMMUNITY SERVICE HOURS for my fine and costs.

_____ That I be allowed A PAYPLAN to pay by installments of the fine(s) and cost, pursuant to the terms and conditions set by court and understand that if payments take more than 30 days to pay the citation, **a Time Payment fee of \$25.00 will be added on the 31st day if there is a balance owed.**