



PRECINCT 2
(409) 385-7195
(409) 385-7194 – FAX

P.O. BOX 1612
3051 F.M. 92 N.
SILSBEE, TEXAS 77656

CHARLES BREWER
JUSTICE OF THE PEACE

PAY PLAN APPLICATION

If your fine is past due or you believe you may have a warrant, please contact the Court at 409-385-7195 prior to completing the Pay Plan Application and Plea Sheet.

APPLICATION PROCESS

1. Call Court at 409-385-7195 to confirm eligibility
2. If approved, complete and sign the Pay Plan Application and Sign a Plea Sheet for each violation.
ALL FIELDS HIGHLIGHTED IN RED ARE REQUIRED
3. Email, Fax or Mail the completed forms to the Court (if sending via email or fax you must call the Court to confirm receipt of documents):

EMAIL ADDRESS: HCJP2@CO.HARDIN.TX.US

Justice of the Peace, Precinct 2
P.O. Box 1612
Silsbee, TX 77656

Fax: 409-385-7194

4. Within 2 weeks, you should receive a phone call from the Court Clerk to except your initial payment and to schedule your remaining payments. If you have not received a phone call, please contact them directly at 409-385-7195.
5. A copy of your agreement will then be **emailed or mailed (your preference)** to you immediately.
6. All remaining payments can be made via Credit Card or by mailing a Cashier's Check or Money Order made payable to:
Justice of the Peace, Precinct 2
P.O. Box 1612
Silsbee, TX 77656

CAUSE NO: _____

THE STATE OF TEXAS

IN THE JUSTICE COURT

VS.

PRECINCT 2

Defendant

HARDIN COUNTY, TEXAS

DATE: _____

DEFENDANT'S PLEA FORM

You have been charged with _____, you may enter a plea of no contest, guilty, or not guilty.

NO CONTEST A plea of *no contest* states you are not contesting the charges filed. If you plead no contest, a finding of guilt will be entered by the court and your fine and costs of court will be assessed and must be paid as ordered.

GUILTY A *guilty* plea states you are guilty of the charge as filed. The fine and cost on a plea of guilty are the same as plea of no contest. A guilty plea may adversely affect you in the event a civil action is brought against you.

NOT GUILTY A plea of *not guilty* states that you are not guilty of the charge filed. If you plead not guilty a trial date will be set. You are required to appear for trial. Failing to appear may result in your being charged with Failure to Appear (Sec. 38.10, Penal Code) and a warrant being issued for your arrest. It is not required that you be represented by an attorney; however, you may elect to do so. Should you be found not guilty, you would be released at that time from the charge against you. Should you be found guilty, your fine and costs will be assessed by the Judge or Jury and must be paid at that time **NOTICE OF YOUR COURT DATE WILL BE MAILED TO THE ADDRESS YOU HAVE LISTED BELOW.**

CHECK ONE - (Required to check one box)

I HEREBY ENTER A PLEA OF **GUILTY** AND WAIVE APPEARANCE FOR TRIAL.

I HEREBY ENTER A PLEA OF **NOLO CONTENDERE (NO CONTEST)** AND WAIVE APPEARANCE FOR TRIAL.

I HEREBY ENTER A PLEA OF **NOT GUILTY & REQUEST A TRIAL BY JURY.**

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

Defendant's Signature

Date

Street Address

City/Zip

Telephone Number

Completed forms may be emailed to hcjp2@co.hardin.tx.us, faxed to (409) 385-7194 or mailed to:
P.O. Box 1612 - Silsbee, Texas 77656

PAYMENT PLAN APPLICATION / ABILITY

ACKNOWLEDGMENT AFFIDAVIT

Justice Court, Precinct 2

Hardin County, Texas

All information must be completed by the defendant and must be current, accurate, and true. Please fill in all blanks.

CAUSE NUMBER(S): _____

PERSONAL INFORMATION:

NAME: _____ **DATE OF BIRTH** ____/____/____
Last First Middle xx/xx/xxxx

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBERS: _____
Cell Home Other

EMAIL (IF ANY): _____

DRIVER'S LICENSE / ID #: _____ **STATE:** _____ **SEX:** Male Female

NAME & PHONE NUMBER OF TWO (2) PERSONAL REFERENCES:

#1 NAME: _____ **PHONE #:** _____

#2 NAME: _____ **PHONE #:** _____

Acknowledgment and Declaration: Under penalty of perjury I hereby certify that all of the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Hardin County Justice Court, their employees or agent. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. I also certify that I will keep you informed of all changes in address and phone numbers.

PLEASE READ AND SELECT ONE OPTION:

I _____, Defendant, agree to the terms of the Hardin County Justice Court. Precinct 2 Standard Payment Plan to wit:

1. I request to pay a monthly payment of \$_____ (**MINIMUM \$50.00 – NOT TO EXCEED 6 MONTHS UNLESS PRIOR APPROVAL FROM THE JUDGE**) to satisfy my fine and court cost. I am able to successfully meet the payment terms each month. At this time, I decline the opportunity for the Collections Staff to review my ability to pay a lower monthly payment.

I understand that failure to make scheduled payments on an extension of time to pay/time payment plan will result in the issuance of a warrant for my arrest. I promise that until my fines and court cost have been paid in full, I will notify the court of any changes to the information on my application in person or by first class mail at the following address: P.O. Box 1612, Silsbee, Texas 77656.

I understand that a \$15.00 Time Payment Reimbursement Fee will be assessed to each case if the entire fine and cost are not paid in full before the 31st day from Judgment in accordance with Section 133.103 Texas Local Government Code.

2. I request the option to pay in full within 30 days. I am able to successfully meet this payment term. At this time, I decline the opportunity for the Collections Staff to review my ability to pay a lower monthly payment.

WARNING: KNOWINGLY PROVIDING MATERIALLY FALSE INFORMATION TO THE COURT ON THIS APPLICATION IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND/OR A MAXIMUM FINE UP TO \$4,000.00.

Defendant's Signature Date

For office use only:

Verified <input type="checkbox"/> Home <input type="checkbox"/> Cell	Staff Initials	Date	Notes: