



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.
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 schedule your 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. This agreement must be completed, signed and mailed back to the Court with your first payment (money order or cashier's checks are accepted – no personal checks) or you can make the payment via telephone with a Debit/Credit Card. Failure to return the signed agreement will result in a denial of your pay plan and a warrant issued.
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

___ 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

Hardin County JP2 Payment Plan Application for Payment of Fine, Fees & Court Costs

Cause# _____ (Court to complete)

Applicant Information/Información Solicitante

Name:	Date of birth:	
Phone Number:	Alt Phone Number:	Driver's License #
Current address:		
Mailing Address (if different)		
Email Address:		

Employment Information/Información de empleo

Current employer:		
Employer address:		Supervisors Name:
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Monthly income:

Spouse Information/Información del cónyuge

Name:	
Phone:	
Employer:	Employer Phone:

Essential Expenses/Gastos esenciales (enter amount per month/Ingrese el monto por mes)

Utilities	Groceries	Insurance:	Child Support:	Child Care:
Rent/House:	Phone	Alimony		

Do you receive Government Assistance? Recibes ayuda del gobierno?

Yes No (Please circle)

If Yes, What Type(s) (Please circle) WIC SNAP SSI CHIP Medicaid Other : _____

Bank Account/Cuenta bancaria

Name of Bank:	Checking Savings (Please circle)	Available Balance: \$
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References/Referencias (2 Personal References not within same household)

Name:	Address:	Phone:

Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the County Collections Clerk of Hardin County, its employees or agents to conduct a complete and thorough investigation of my statement. It is with this understanding and knowledge that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Hardin. **YOU ARE ORDERED TO NOTIFY THE COURT IN WRITING ANY CHANGES TO YOUR INFORMATION.**

Defendants Signature:	Date:
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FOR COLLECTIONS USE ONLY

Date:	Verified by(initials)
Collectors Name:	