

DOCKET No. \_\_\_\_\_

STATE OF TEXAS

§ In Justice Court Pct. \_\_\_\_

VS.

§

\_\_\_\_\_

§ Chambers County, Texas

### PLEA FORM

**NOT GUILTY:** A plea of NOT GUILTY states that you are not guilty of the charge filed against you. A plea of NOT GUILTY requires that you appear for trial at a later date. Failure to appear for trial may result in a warrant being issued for your arrest. If found guilty a fine will be assessed by the judge or jury and must be paid as ordered. If found NOT GUILTY charges against you will be dismissed.

**NO CONTEST:** A plea of NO CONTEST indicates that you are not contesting the charge against you and that you will take care of the assessed fine set by the Court and must be paid as ordered.

**GUILTY:** A GUILTY plea states that you are guilty of the charge against you. The fine is the same as a plea of NO CONTEST and must be paid as ordered.

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**Violation:** \_\_\_\_\_

#### PLEA (CHECK ONE)

\_\_\_\_\_ I hereby enter a plea of NO CONTEST and waive appearance for trial.

\_\_\_\_\_ I hereby enter a plea of GUILTY and waive appearance for trial.

\_\_\_\_\_ I hereby enter a plea of NOT GUILTY\*

\* I understand, upon a plea of NOT GUILTY, my case will be set for a pre-trial conference (Docket Call) with the Prosecutor, which will be prior to a trial date.

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**EXTENSION / PAYMENT PLAN**

\_\_\_\_\_ I request an extension of time in order to pay the fine and costs.

\_\_\_\_\_ I request a payment plan in order to pay the fine and costs.

I understand a \$15 one-time payment fee will be added if the fine is not paid in full within 30 days from today. In addition, if I fail to pay the fine and costs, a CAPIAS WARRANT will be issued for my arrest, additional fees will assessed and my license may be denied renewal.

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Date signed: \_\_\_\_\_, 20\_\_\_\_

Defendant signature: \_\_\_\_\_

DL: \_\_\_\_\_

Address: \_\_\_\_\_

Date/Birth: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_