

DEFENDANT'S REQUEST

Defendant Name: _____ Citation or Cause #: _____

Offense: _____

Address: _____ Apt No: _____

City, State, Zip: _____ Cell Phone #: _____

Email address: _____ Home Phone #: _____

Employer: _____ Work Phone #: _____

Instructions: Complete only ONE of the choices below.

- *If your request pertains to more than one offense, one form is needed for each offense.*
- ***It is your responsibility to follow up with the Clerk's office at 512-218-5480 to verify receipt of your request.***
- ***Must provide picture ID with all requests.***

⓪ REQUESTING RESET OF COURT DATE: I am requesting a new court date for the following reason(s):

⓪ REQUESTING 30 DAY EXTENSION TO PAY IN FULL. I understand that I must pay my fine in full by the 30th day or a \$15 fee will be added.

I am entering a plea of : **Guilty** or **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

⓪ REQUESTING PAYMENT PLAN of \$150 every 30 days until paid in full. I understand that there is a \$15 time payment fee added to the total cost and I must make the first payment in 30 days and subsequent payments every 30 days.

I am entering a plea of : **Guilty** or **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

Additional comments: _____

Defendant Signature: _____ Date: _____