Defendant's Request for an Extension
(Maximum 30 Days)

A $25.00 FEE WILL BE ADDED IF YOUR FINE IS NOT PAID IN FULL BY THE 30TH DAY

NAME: _____ **CAUSE #:** _____

OFFENSE:
_____

PLEA: (Defendant must check one) **GUILTY** **NO CONTEST**

I understand that I must pay my fine in full no later than _____.

STATE THE REASON YOU ARE REQUESTING THIS EXTENSION:

_____

_____

_____

_____

_____

_____

_____

_____

I do hereby waive my right to a jury trial and request to pay my fine in full.

_____
Defendants Signature Date Received By

JUDICIAL APPROVAL:

_____
Municipal Judge
Date

Clerk's Notes:
_____

NO FURTHER EXTENSIONS WITHOUT AN APPEARANCE BEFORE THE JUDGE

REV 7/04