

DEFENDANT'S REQUEST

Defendant Name: _____ Citation or Cause #: _____

DOB: _____ Offense: _____

Address: _____ Apt No: _____

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

Home Phone #: _____

Employer: _____ Work Phone #: _____

Instructions: Complete the appropriate section regarding your request. **It is your responsibility to follow up with the Clerk's office at 512-218-5480 to verify receipt** of your faxed request. If your request pertains to more than one offense, one form is needed for each offense.

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

REQUESTING 30 DAY EXTENSION TO PAY IN FULL. I understand that I must pay my fine in full by the 30th day or a \$25.00 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.

REQUESTING PAYMENT PLAN of \$150 every 30 days until paid in full. I understand that I must make 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: _____