

**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 faxed request.**

**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 30<sup>th</sup> 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.

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