

DEFENDANT REQUEST FOR JAIL CREDIT

Defendant Name (PRINT full name): _____ Email: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone/Cell Number: _____

I am requesting time served for the offense(s) below due to previous incarceration.

*****Must provide proof of the following*****

***Picture ID and
Proof of incarceration***

Citation or Docket Number	Offense
Charge 1 _____	_____
Charge 2 _____	_____
Charge 3 _____	_____
Charge 4 _____	_____

Facility: _____

Period of time: _____

Additional Comments: _____

PLEA (*initial one IF plea not previously entered*): _____ GUILTY _____ NO CONTEST

IF THERE IS A BALANCE DUE, I AM REQUESTING:

_____ 30-day extension
(initial)

OR

_____ Payment plan of \$_____ per month
(initial) (\$15.00 time payment fee will be added)

X _____ Date: _____
Signature

**Documents may be faxed to 512-218-7079 or mailed to Round Rock Municipal Court
301 W Bagdad Ave Ste#120 Round Rock, TX 78664. It is your responsibility to follow up.**

JUDICIAL review: () Granted () Denied

Municipal Judge, City of Round Rock Date

Comments: