

## **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 \_\_\_\_\_

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For more information, visit [www.ams.org](http://www.ams.org).

**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

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**Signature**

Date: \_\_\_\_\_

**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

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Municipal Judge, City of Round Rock

Date \_\_\_\_\_

### Comments: