

THE STATE OF TEXAS vs

IN THE JUSTICE COURT  
PRECINCT 4  
DENTON COUNTY, TEXAS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Southwest Courthouse  
6200 Canyon Falls Drive Suite 101  
Flower Mound, Texas 76226  
Phone: 972-434-3910  
Fax: 972-434-3911

**DEFENDANT'S PLEA**

**PLEA to the offense of \_\_\_\_\_, case number \_\_\_\_\_.**

- I enter a plea of NOT GUILTY, and acknowledge the following: **I ACKNOWLEDGE** that this Court, in accordance with Art. 28.01 of the TEX. CODE of CRIMINAL PROCEDURE, requires that I (and my attorney, if any) attend a pre-trial hearing to confer directly with the Assistant District Attorney about this Citation, and to consider for a hearing before this Court, if necessary, any unresolved pre-trial matters governed by statute. Upon my plea of NOT GUILTY, my signature below is my **promise to appear** on the **PRE-TRIAL HEARING DATE** furnished to me by the Court. **I ACKNOWLEDGE THAT MY FAILURE TO APPEAR FOR THE PRE-TRIAL HEARING CAN RESULT IN A WARRANT FOR MY ARREST**
- I enter a plea of GUILTY and waive my right to a trial by Judge or by jury.
- I enter a plea of NO CONTEST and waive my right to a trial by Judge or by jury.

**ABILITY TO PAY (in the event of a plea of Guilty or No Contest): [SEE "ALTERNATIVES TO PAYMENT" below for those who are financially unable to pay and request, as necessary, a Judge determination of inability.]**

- I am able to pay the fine and costs and will pay them in full immediately.
- I am unable to pay the fine and costs and request a payment plan.
- I am unable to pay the fine and costs and request a hearing seeking to discharge all or part of the fine or costs by performing community service, or by waiver if determined by the Judge.

**ALTERNATIVES TO PAYMENT OF FINES AND COSTS**

A defendant who is convicted of a criminal offense punishable by fine only is entitled to alternative methods of satisfying the judgment **if the defendant is unable to pay the fine or costs, in whole or in part.** *The Court in which the conviction is entered should be contacted for details on how to pursue these available alternatives, including arranging for a hearing or other inquiry before the judge to make the determination of inability to pay.* **The alternative methods available to the defendant include:**

- 1) **A payment plan.** A defendant may be permitted to make payments toward the fine and costs in designated intervals over time. *NOTE: If any amount is paid more than 30 days after the judgment assessing the fine or costs, then a \$15 time payment fee must be assessed.*
- 2) **Disposition of the amount assessed by performing community service.** There are many options that meet the requirements of the law for performing community service as a means to satisfy the judgment in whole or in part. *See Art. 45.049 of the Code of Criminal Procedure for full details.*
- 3) **Possible waiver of the fine and costs.** If performing community service imposes an undue hardship, a defendant who is indigent or who lacks sufficient resources to pay may be granted a waiver of the fine and costs, in whole or in part.

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

**APPLICATION FOR PAYMENT PLAN**  
DENTON COUNTY, TEXAS

Cause (Case) Number(s) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEFENDANT'S PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street Apt. City State Zip Code

Phone Numbers \_\_\_\_\_  
Home Cell Work

E-mail Address(s) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Is the information on your Driver's License Correct: Yes No

If no, please explain why: \_\_\_\_\_ Are you a High School Student? Yes No

Name of Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Position or Title \_\_\_\_\_  
Street City State Zip Code

Pay Rate \$ \_\_\_\_\_ Hours worked per week \_\_\_\_\_ Next Pay Day date: \_\_\_\_\_ Weekly Bi-weekly Monthly Other: \_\_\_\_\_  
(Circle One) (Including Commission)

Social Security \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Child Support Received \$ \_\_\_\_\_ Child Support Paid \$ \_\_\_\_\_

Marital Status (Circle One) Single Married/Common Law Divorced Widowed Separated

Name of Spouse \_\_\_\_\_ Spouse's Phone Number \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_ Weekly Bi-weekly Monthly Other: \_\_\_\_\_  
(Circle One) (Including Commission)

List Bank or Credit Union Account: \_\_\_\_\_  
 \_\_\_\_\_ Checking \_\_\_\_\_ Savings Balance: \$ \_\_\_\_\_

**FEDERAL AND STATE ASSISTANCE**

Do you receive assistance under the following: Yes or No (If Yes circle one): Food Stamps WIC Medicaid CHIPS TANF

**PERSONAL REFERENCES**

Name	Address	Phone Number

**Monthly Expenses**

Rent/ Mortgage	\$ _____	Cell	\$ _____
Car Payment	\$ _____	Cable	\$ _____
Car Insurance	\$ _____	Telephone	\$ _____
Outstanding Loans	\$ _____	Gas	\$ _____
Master Card Credit Card Balance \$ _____	\$ _____	Electric	\$ _____
Visa Credit Card Balance \$ _____	\$ _____	Water	\$ _____
Food (Groceries)	\$ _____	Clothes	\$ _____
Restaurants/Fast Foods	\$ _____	Alcoholic Beverages	\$ _____
Cigarettes/Tobacco	\$ _____	Entertainment	\$ _____

**Financial considerations I want the court to know which impact my ability to pay all fees/fines and court cost immediately.**

\_\_\_\_\_

**If someone is going to help you pay for your fines, fees and court costs list their information below.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship with defendant: \_\_\_\_\_

**Acknowledgement and Declaration:**

By signing my name and initialing each of the five spaces below on the left hand side of the page, I swear that all of the above information about my financial condition is current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

I hereby authorize any designated representative of Denton County to conduct a thorough investigation of my statements. I understand this could include verification of all information given and obtaining reports from credit reporting agencies and other governmental agencies.

It is with this understanding and acknowledgement that I formally request an extension of time for payment of fines, fees, and court costs due and payable to Denton County.

**\* READ AND INITIAL THE FOLLOWING:**

\_\_\_ I understand that if I pay any part of the fines, court costs, or restitution (if applicable) on or after the 31<sup>st</sup> day after the judgment was entered that I am responsible for paying a \$25.00 time payment fee.

\_\_\_ I understand that my agreement to a payment plan today with the Denton County Court Collection and Compliance Department is a part of my court order.

\_\_\_ I promise that until my fines have been paid in full, I will notify the Denton County Court Collection and Compliance Department in person or by first-class mail of any changes of my address, telephone number and work information at 1450 E. McKinney St., Ste. 1400 Denton, Texas 76209.

\_\_\_ I understand that I have a continuing obligation until my fines are paid in full to notify the court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collections Dept. Representative

\_\_\_\_\_  
Date

**For office use only**

Date	Contact	Verification	Pay Plan	No Show Letter