## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Defendant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plea on Charge(s) of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_**(INITIAL)**  I do not wish to enter a plea at this time.

I understand that a plea of NOT GUILTY will be entered for me

And I MUST appear for trial at this Court. A $500 Appearance Bond will

**Be required of me for each charge I have pending for trial.**

**NOT GUILTY** A not guilty plea states you are not guilty of the charge as filed. If you plead not guilty, a trial date will be set. You are required to appear for trial. Failure to appear may result in you being charged with Failure to Appear (Section 38.11 **Penal Code**) and a warrant being issued for your arrest. It is not required that you be represented by an attorney; however, you may elect to do so. Should you be found not guilty, you would be released at that time from the charge against you. Should you be found guilty, your fine would be in the amount not to exceed $500.00 plus costs per violation excluding School Bus or Weight Violation.

 **Notice of your court date will be mailed to the address you have listed below.**

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**To this charge (s), I hereby WAIVE MY RIGHTS TO APPEAL**

**AND ALSO WAIVE MY RIGHTS TO A TRIAL/JURY TRIAL**

**AND WISH TO ENTER A PLEA OF: (circle & initial)**

**NO CONTEST** A plea of no contest states you are not contesting the charges filed. If you plead no contest, a

 finding of guilt will be entered by the Court and your fine and costs will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**GUILTY** A guilty plea states you are guilty of the charge as filed. The fine and costs on a plea of guilty are the same as plea of no contest. A guilty plea may adversely affect you in the event a civil action is brought against you.

Initial One If You Have Entered A Plea of Guilty/No Contest.

\_\_\_\_\_ I **am not indigent**, but I request that I be allowed to pay out by installments, the fine(s) and costs

 pursuant to the terms and conditions set by this court.

\_\_\_\_\_ I **am indigent** and request and indigence hearing. I request that I be allowed an alternative sentence

 as prescribed by this court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Defendant’s Signature**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Court notes/comments:***

CASE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Texas VS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant

**SCHEDULE OF AGREED PAYMENTS**

 **Minimum Minimum**

 **Case Number Amount Due Hearing and Due Date Case Number Amount Due Hearing and Due Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |
|  | **$** |  |  | **$** |  |

**CONTINUANCE AGREEMENT**

**Payments can be made in person by cash or money order; by mail by money order to**

**Judge Toni Hughes, 110 S. Sycamore, Ste 212, Carthage, TX 75633; or by debit/credit card**

**By calling 1-800-444-1187 or online at** [**www.paypanolajp.com**](http://www.paypanolajp.com)**. OR [www.govrec.com](http://www.govrec.com)**

This is your formal notice that, in the event you fail to make each payment on time pursuant to this installment agreement, you are required to appear at this court at 10:00 a.m. on the same date your payment is due each month. The purpose of this hearing is for you to show cause why you have failed to make such payment. In the event you fail to appear, then a warrant for your arrest will be issued.

 I hereby acknowledge the receipt of a copy of this Schedule of Payments and Continuance Agreement [notice of hearing date(s)]. I understand and agree that I will appear in court on the due date of any payment that I have failed to make as required in the schedule agreement to show cause why I have not complied with this Agreement, I understand that a Warrant will be issued.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Defendant’s Signature Date

Entered and acknowledged this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Clerk of the Court/Notary Public