

## EXTENSION OR PAYMENT PLAN REQUEST FORM

Plea: Guilty \_\_\_\_\_ No Contest \_\_\_\_\_ (You must enter a plea to request a payment plan).

Ticket Number: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_ \*\*\*plus \$15.00 fee(s)

**A minimum of \$50 is due by your court date located on the bottom of your citation and EVERY 30 days thereafter until the fine(s) are paid in full. You WILL NOT receive any correspondence from the court saying you are approved for the payment plan.**

### DEFENDANT'S INFORMATION:

NAME: \_\_\_\_\_  
(Print or type name as it appears on the driver's license)

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS APT. CITY STATE ZIP

Email: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
NAME ADDRESS CITY STATE ZIP  
PHONE # POSITION SUPERVISOR NAME LENGTH OF EMPLOYMENT

The judgement and sentence for the offense you are charged is the payment of a fine and cost. If ordered to pay a fine and cost, and you cannot pay, notify the court immediately. If you are determined by the court to have insufficient resources or income to pay, the court is required to provide you other ways to discharge the fine and costs.

**\*\*\*I understand there is a \$15.00 payment plan fee per violation that is required by the State of Texas. I further understand if I fail to pay the required monthly payments to the court a Capias Pro Fine Warrant may be issued against me and my fines will increase.**

**I swear or affirm that the above information is true and correct.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

### CITY OF LORENA MUNICIPAL COURT FINES-NO PERSONAL CHECKS FOR PAYMENT

NUMBER OF MILES OVER LIMIT	FINE	VIOLATION	FINE
1-14 MILES OVER	\$219.00	*EXPIRED DRIVER LICENSE	\$179.00
15-19 MILES OVER	\$239.00	UNRESTRAINED CHILD	CONTACT COURT
20-24 MILES OVER	\$269.00	NO SEAT BELT-DRIVER	\$184.00
25 AND UP	\$337.00	*NO DRIVER LICENSE	\$279.00
SCHOOL ZONE	ADD \$25.00 TO FINE	EXPIRED REGISTRATION	\$164.00
FAILURE TO APPEAR	\$269.00	USE EQUIPMENT/WINDOW TENT	\$214.00
VIOLATE PROMISE TO		*NO LIABILITY INSURANCE	\$379.00
APPEAR	\$289.00	RAN STOP SIGN	\$264.00
WARRANT FEE	\$ 50.00	OPEN ALCOHOL CONTAINER	\$319.00
OMNI FEE	\$ 10.00	CROSSING PHYSICAL BARRIER/MEDIAN	\$239.00
		PARK IN PROHIBITED AREA/HANDICAP	\$575.00

\*Charges may be dismissed upon presentation of Driver License or Insurance, provided license or Insurance was valid at the time the citation was issued, and the license or insurance is presented on or before the appearance date on the citation. You may fax this proof to (254)857-4118. Please follow up on fax to be certain it was received and is legible.

**Failure to contact the court will result in additional fines and fees and your file being turned over to a collection agency. Collection agency fees are an additional 30% above all other charges.**

## **GUILTY PLEA, NOLO CONTENDERE PLEA, OR BENCH OR JURY TRIAL REQUEST FORM**

A plea of NOLO CONTENDERE means that you do not wish to contest the State's charge against you. The fine and conviction for this plea is the same as for a plea of GUILTY.

- ☐ I waive my right to a Jury Trial and Defensive Driving and hereby enter a plea of GUILTY.  
☐ I waive my right to a Jury Trial and Defensive Driving and hereby enter a plea of NOLO CONTENDERE.  
\*\*\*\*IF YOU CHECKED EITHER OF THE ABOVE, **A MONEY ORDER** IN THE AMOUNT OF THE FINE  
(SEE THE FINE LIST ON THE FRONT PAGE) MUST BE INCLUDED WITH THIS REPLY FORM\*\*\*\*

### **TRIAL REQUEST**

- ☐ I hereby enter a plea of NOT GUILTY and request the Court to notify me of my trial date.  
I would like a (check one) ☐ **Trial by Jury** / ☐ Bench Trial (**Trial by Judge**).

### **DEFENDANT'S INFORMATION:**

\_\_\_\_\_  
Name (Print or type name as it appears on your driver's license)

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

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

\_\_\_\_\_  
**FINE AMT**

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