JUSTICE COURT SHERMAN COUNTY

 STATE OF TEXAS

CASE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Defendant’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Violation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_GUILTY \_\_\_\_\_NO CONTEST \_\_\_\_\_ NOT GUILTY

(I understand that if I do not plead at this time: A plea of NOT GUILTY will be entered for me by the court; I must appear for trial; and, I must keep the Court advised of my current address.)

PLEA

Guilty: I am stating that I am guilty of the charge filed. The fine and costs on a plea of GUILTY will be entered by the Court.

No Contest: I am not disputing the charge filed. The fine and costs on a plea of No Contest will be entered by the Court.

Not Guilty: I am not admitting guilt to the charges filed and I wish to have a trial before the Judge or before a jury. (You must request the type of trial. Your case will be set for Docket (at a later date). Failure to appear at docket may result in FAILURE TO APPEAR charges (Sec. 38.10:Texas Penal Code) and/or a warrant for your arrest.

Check one of the following options on a plea of NOT GUILTY

\_\_\_\_ I waive a JURY TRIAL and request a BENCH TRIAL (decided by the Judge).

\_\_\_\_I request a TRIAL BEFORE A JURY (Justice Court has six jurors).

\_\_\_\_If I am found GUILTY by a JURY, I elect punishment to be set by the JURY.

Check one of the following options on a GUILTY or NO CONTEST

\_\_\_\_ I am NOT INDIGENT. I request DEFERRED DISPOSITION

(Must be approved by the court before checking this option)

\_\_\_\_ I am NOT INDIGENT. I request a DRIVER’S SAFTEY COURSE

(Must be approved by the court before checking this option)

\_\_\_\_ I am NOT INDIGENT. I WILL PAY THE FINE AND COSTS set by the Court.

\_\_\_\_ I am NOT INDIGENT. I request to PAY THE FINE AND COSTS in INSTALLMENTS set by the Court.

(I understand that a $15.00 time payment reimbursement fee will be added; as required by law.)

\_\_\_\_ I believe that I am INDIGENT (financially Destitute). I request a Sworn Statement of Inability to Pay.

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

Signature Date