

DEFENDANT'S REQUEST

Defendant Name: _____

Citation Number: _____

DOB: _____

Offense: _____

Mailing Address: _____

Apt No: _____

City, State, Zip: _____

Cell Phone#: _____

Home Phone# _____

Employer: _____

Email: _____

Instructions: Complete the appropriate section regarding your request. The court will correspond back with paperwork pertaining to Payment Plans or 30 day Extensions. You will need to return original forms back signed and dated. **It is the Defendants responsibility to follow up with the Clerk's office at 512-281-0318 to verify your request.** If your request pertains to more than one offense, EACH offense will need a separate form filled out.

REQUESTING 30 DAY EXTENSION TO PAY FINE IN FULL: I understand that I must pay my fine in full by the 30th day or a \$15.00 fee will be added. **I am entering a plea of:** **Guilty** or **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay fine in full.

REQUESTING PAYMENT PLAN to pay the fine amount plus the \$15.00 fee within four (4) months. I understand that I must make subsequent payments every 30 days on the 5th of every month. **I am entering a plea of:** **Guilty** or **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

REQUESTING EXTENTION ON EXISTING ORDER: I am requesting more time to _____.
I would like an extension to _____ on _____ (date) for the following reasons:

Defendant's Signature: _____

Date: _____

THIS REQUEST IS **DEDIED:** _____

GRANTED _____

OTHER: _____

Judge Amanda Carter Date