

DEFENDANT'S PAYMENT ARRANGEMENT REQUEST

I, _____, (the defendant) hereby knowingly and voluntarily waive my right to a jury trial and agree to pay all fines, fees and costs of court as agreed upon on the Payment Arrangement request.

ON THIS THE _____ day of _____, 20____, I, the Defendant, entered a plea of:
(Check one):

Guilty Nolo Contendre (No Contest)

List Violations below:

Case number (s):	Offense (s):

Having entered a plea of Guilty or No Contest and waiving my right to a trial and forfeiting my options of Driving Safety Course and Deferred Adjudication, I formally request a Payment Arrangement as follows:

- Request a Payment Arrangement of **\$25.00, weekly**, to discharge my outstanding fines and fees. First payment due by the 5th day, after the date of request.
- Request a Payment Arrangement of **\$50.00, bi-weekly**, to discharge my outstanding fines and fees. First payment due by the 5th day, after the date of request.
- Request a Payment Arrangement of **\$100.00, monthly**, to discharge my outstanding fines and fees. First payment due by the 5th day, after the date of request.

A \$15.00 Time Payment Reimbursement Fee will be added to unpaid violation(s) after the 31st day. (In accordance with the Code of Criminal Procedure, Article 102.030)

I, the Defendant, acknowledge the receipt of a copy of this Order and that I understand the provisions and that I can fully comply with this Order. Further, I understand my responsibility to inform the Court of changes in my financial situation that may hinder my ability to satisfy either the judgment or any other order of the Court. I understand that my responsibility terminates only upon satisfaction of the order. It is my responsibility to notify the Court of any change of address.

Text Authorization:

____ Agree ____ Do Not Agree
to receive SMS reminders about my case from the Court. Message and data rates may apply.
Frequency may vary. Reply STOP to unsubscribe.

Defendant's Signature

Address

City, State and Zip

Phone number

..... *For official use only*

IT IS THEREFORE ORDERED that the Defendant make payments as scheduled by this agreement. Each payment will be due and payable as scheduled until the full amount is paid to the court. If the Defendant is unable to make a payment, the Defendant should contact the Court immediately. The Defendant is **ORDERED** to notify the Court of any change of address.

Failure to comply with this agreement will result in a mandatory hearing and may cause the issuance of a Capias Pro Fine warrant for the defendant's arrest. Article 102.011 of the Code of Criminal Procedure requires a defendant to pay a \$50 warrant fee for the execution or processing of an issued Capias Pro Fine.

SIGNED AND RENDERED on this _____ day of _____, 20____.

Judge, Court Administrator, Court Clerk
Municipal Court

HEWITT MUNICIPAL COURT

200 Patriot Court

Hewitt, TX 76643

254-666-1208

254-666-6014 (Fax)

court@cityofhewitt.com