

CASE NUMBER \_\_\_\_\_

THE STATE OF TEXAS

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§  
§  
§  
§

IN THE JUSTICE COURT

V.S.

PRECINCT 1-4

LOVING COUNTY, TEXAS

\_\_\_\_\_  
First Name                      M.I.      Last Name

**DEFENDANT'S PLEA OF GUILTY/NO CONTEST**

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Offense: \_\_\_\_\_ Fine: \_\_\_\_\_  
DL#/State: \_\_\_\_\_ Court Cost: \_\_\_\_\_

**You have the right to hire an attorney and have that attorney present prior to entering a plea.**

YOU SHOULD CONTACT AN ATTORNEY IF you do not understand this form or if you have questions about:

- (1) the effect this plea may have on your driving privileges, (2) any possible consequences regarding your citizenship/ residency, or (3) any other effect this plea could have on you.

**You do not have to enter a plea of guilty or no contest. You have a right to a trial. If you wish to enter a plea of NOT GUILTY, do NOT use this form. Contract the court clerk to request a NOT GUILTY plea form.**

Upon entering this plea, the Court will find you GUILTY and will assess fines and court costs, and order other sanctions as provided by law. You will be required to satisfy these obligations. If you are unable to immediately pay the full amount of fines and costs, there may be alternative ways for you to satisfy your obligation.

I, the above-named defendant, hereby waive my right to trial and my right to counsel and enter a plea of:

**NO CONTEST:** A plea of no contest states that you are not contesting the charge(s) filed against you.

**GUILTY:** A guilty plea states that you are guilty of the charges filed.

Having entered a plea of guilty or no contest on the above charges, I, the above-named defendant, hereby state:

I have sufficient resources or income to pay the fine and costs at the time of entering this plea;

I do not have sufficient resources or income to pay the fine and costs immediately, but am able to pay in intervals over a period of time pursuant to the terms of the Court. I request to enter into a payment plan. I understand if the judgement is not paid in full within 31 days, a \$15.00 time payment fee will be incurred; **OR**

I do not have sufficient resources or income to immediately pay the fine and costs. I understand that there may be alternative methods by which I am able to discharge the amounts due. I understand that **I must appear for an indigency hearing** (*to be set by the court clerk in the Notice below*) for the Court to consider my ability to pay. I understand that I must provide the Court, either prior to, or at the hearing, with fully completed **Affidavit of Indigency** and any other financial documentation (pay stubs, tax returns, ect.) that I wish the Court to consider or which is requested by the Court.

\_\_\_\_\_  
DATE

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

*Do not write below this line. The court clerk will fill in this portion*

**NOTICE OF HEARING**

Notice is hereby given that a hearing in this case is set for \_\_\_\_\_ at 9:00 a.m. in the Justice Court, Pct. 1-4 of Loving County, Texas for the Court to consider your ability to pay fines and costs.

or

**No hearing is needed at this time.**

\_\_\_\_\_  
JUSTICE COURT CLERK