PLEA/STANDARD PAYMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Defendant Name: | Cause # |  | Verify |
|  | Offense |  |  |
| Street Address: | Cause # |  |  |
|  | Offense |  |  |
| Mailing Address (If Different from Street Addr.): | Cause # |  |  |
|  | Offense |  |  |
| City, St., Zip: | Cause # |  |  |
|  | Offense |  |  |
| Home/ # & Cell #: | Cause # |  |  |
|  | Offense |  |  |
| Email Address: \* I consent to having correspondence sent by email\_\_\_\_\_\* |  |  |
|  |  |  |

**SHOULD YOUR ADDRESS CHANGE, IT IS YOUR RESPONSIBILITY TO INFORM THE COURT, IN WRITING, OF YOUR CURRENT ADDRESS.**

**\_\_\_\_\_\_ I enter a plea of NOLO CONTENDERE (NO CONTEST)**

A plea of Nolo Contendere (No Contest) means you are not contesting the charge filed against you. If you enter a plea of no contest, the Court will enter a finding of guilt and you will be required to pay fines and court costs.

**\_\_\_\_\_\_\_ I enter a plea of GUILTY**

A Plea of Guilty means you are admitting your guilt to the charge filed against you. If you enter a plea of guilty, the Court will enter a finding of guilt and you will be required to pay fines and court costs.

**\_\_\_\_\_\_\_ I enter a plea of NOT GUILTY AND REQUEST:**

 **\_\_\_\_\_ Trial before the Court (Therefore waiving my right to a Trial by Jury)**

 **\_\_\_\_\_ Trial by Jury**

***I swear that I will appear before the Court at 712 S. Stagecoach Trl. Ste. 2235 upon notice by the Court, or pay to the Court the principal sum of $ \_\_\_\_\_\_\_\_\_\_\_\_ plus all necessary and reasonable expense incurred in any arrest for failure to appear.***

**Standard Payment Plan Summary**

I, (put Defendant’s name here), defendant, understand and agree to the terms of the standard payment plan and acknowledge and agree that the following is true and correct:

1. I am able to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or before the date my payment is due as described in the attached Standard Payment Plan Summary.

2. I understand how much I owe, the dates that my payments are due, and how many payments I will need to make.

3. I understand that I can request collection staff to review my financial information (payment ability information) to see if I can have lower monthly payment amounts or additional time to pay than what is listed in the attached Standard payment Plan Summary. I do not need or want collections program staff to review my financial information because I can successfully make the payments described in the attached Standard Payment Plan Summary.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Defendant’s Signature |  | Date |
|  |  |  |
| Court/Collection Staff Name |  | Court/Collection Staff Signature |