

## 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