

TOWN OF DOUBLE OAK MUNICIPAL COURT

PLEA AND PAYMENT REQUEST FORM

CITATION NUMBERS: _____, _____, _____, _____

I WISH TO ENTER A PLEA OF **GUILTY** **NOLO CONTENDRE** (CIRCLE ONE)

I hereby request from the court: **DRIVER SAFETY COURSE** **DEFERRED DISPOSITION** (CIRCLE ONE)

I understand that the citation(s) listed on this form will be reported to the Department of Public Safety as a conviction unless a Sworn Request for Deferred Disposition form is submitted to the Judge at the same time as this request. I understand that I have the right to a trial before the court or a jury of my peers and I hereby waive that right and wish to plead to the case(s) and make final disposition. Juveniles (16 and under) and Minors (charged with alcohol or tobacco offenses may not pay by credit card until they have appeared in open court before the Judge and entered a plea.

Please indicate payment type: (CIRCLE ONE) **CHECK** **MONEY ORDER** **CREDIT/DEBIT** (DO NOT SEND CASH IN THE MAIL)

I hereby authorize the Town of Double Oak Municipal Court to charge the amount of \$_____ to the Credit/Debit Card (*MasterCard, Visa, or Discover*) listed below. My signature confirms that I have full authority to use the card listed below and do so voluntarily.

I understand that should this charge be disputed or unpaid for any reason, that all charges on this form will be put into warrant status immediately.

Signature of Defendant

Date: _____

Name (PLEASE PRINT) Address Phone Number of Defendant

COMPLETE IF PAYING WITH CREDIT/DEBIT CARD:

Credit / Debit Card Number *Visa MasterCard Discover* (CIRCLE ONE) Expiration Date

Three digit # on back of credit card

Cardholder's Signature (if other than Defendant) PRINT Name as it appears on Card

After all information has been completed, fax this form to Double Oak Municipal Court at 972-539-9613 or send by mail to 320 Waketon Road, Double Oak, TX 75077.

Phone Number: 972-539-9464

Fax Number: 972-539-9613

Web: www.double-oak.com

Email: municipalcourt@double-oak.com

OFFICIAL USE ONLY

AMOUNT PAID: _____

CASH CC CK# _____

COPY OF: DRIVERS LICENSE

RECEIPT # _____

INSURANCE CARD