

**DEFENDANT'S REQUEST**

Defendant Name: \_\_\_\_\_

Citation Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Offense: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apt No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Home Phone# \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone# \_\_\_\_\_

**Instructions:** Complete the appropriate section regarding your request. The court will correspond back with paper work pertaining to Payment Plans or 30 day Extensions. You will need to return original forms back signed and dated. **It is the Defendants responsibility to follow up with the Clerk's office at 512-281-0318 to verify your request.** If your request pertains to more than one offense, EACH offense will need a separate form filled out.

**REQUESTING 30 DAY EXTENSION TO PAY FINE IN FULL:** I understand that I must pay my fine in full by the 30<sup>th</sup> day or a \$15.00 fee will be added. **I am entering a plea of:**  **Guilty** or  **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay fine in full.

**REQUESTING PAYMENT PLAN** to pay the fine amount plus the \$15.00 fee within four (4) months. I understand that I must make subsequent payments every 30 days on the 5<sup>th</sup> of every month. **I am entering a plea of:**  **Guilty** or  **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

**REQUESTING EXTENTION ON EXISTING PAYMENT PLAN:** I am requesting more time to make my monthly payment. I would like an extension to pay on \_\_\_\_\_(date) for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THIS REQUEST IS  **DEDIED:** \_\_\_\_\_

**GRANTED** \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
Judge Amanda Carter

\_\_\_\_\_  
Date