



Lake Worth Municipal Court  
3805 Adam Grubb  
Lake Worth, Texas 76135  
817.237.1211 ext 234  
fax 817.237.1333  
www.lakeworthtx.org

**REQUEST FOR 30-DAY EXTENSION**

**FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE REQUESTS WILL BE DENIED!**

DEFENDANT NAME: \_\_\_\_\_  
CITATION NUMBER: \_\_\_\_\_  
OFFENSE: \_\_\_\_\_

My plea to the court is:  
\_\_\_\_\_ **NO CONTEST** and I waive my right to a jury trial or hearing by the court.  
**OR**  
\_\_\_\_\_ **GUILTY** and I waive my right to a jury trial or hearing by the court.

I am unable to pay my fine and court costs in full today and I am requesting a 30-day extension to pay my citation in full.

By signing below I understand:

- by requesting this extension, I waive my right to a trial and forfeit the option of Driver's Safety Course or Deferred Disposition;
- there may be additional charges and/or fees if my request is not made timely;  
(Requests must be received by the court on or before your appearance date or the request must be postmarked by your appearance date and received by the court within 10 days to be considered timely.)
- that if I do not have my citation paid by the due date that I receive back from this request, there will be a \$25.00 Time Payment Fee and a warrant may be issued for my arrest;
- if I am unable to pay this amount in full I must appear in person on or before the due date below to discuss further options. NO extensions will be granted over the phone.

**YOU WILL RECEIVE A RESPONSE LETTER FROM THE COURT WITH YOUR DUE DATE AT THE ADDRESS BELOW.**

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PHONE NUMBER      WORK NUMBER

\_\_\_\_\_  
EMAIL ADDRESS