



Lake Worth Municipal Court
3805 Adam Grubb
Lake Worth, Texas 76135
Phone: 817.255.7910 Fax: 817.237.1333
Website: www.lakeworthtx.org

STATE OF TEXAS VS.

DEFENDANT NAME:

CITATION NUMBER:

OFFENSE:

DEFENDANT'S REQUEST FOR COURT SETTING

☐ COURT DATE REQUEST

I am requesting to be set for the Plea Docket where I will be required to enter a plea of Guilty, Nolo Contendere (No Contest), or Not Guilty to the above citation. If a plea of Guilty or Nolo Contendere (No Contest) is entered, extenuating circumstances, requests for community service, requests for a payment plan, etc. may be discussed with the Judge. If a plea Not Guilty is entered, I will be scheduled to speak with the Prosecutor before a trial date will be set and may have to appear at another court date.

☐ NOT GUILTY PLEA AND PRE-TRIAL HEARING REQUEST

I wish to enter a plea of Not Guilty and believe that I am innocent of the charge. I understand that I will be scheduled for a Pre-Trial hearing with the Prosecutor. If a plea agreement is not reached, I understand that I will be set for a trial and my trial will be scheduled for a later date, it will not occur at this hearing.

☐ HARDSHIP HEARING REQUEST

I am requesting to be set for a Hardship Hearing to speak to the Judge about my ability to keep my current payment arrangements. I understand that this is my opportunity to discuss my financial situation with the Judge regarding my ability to pay and I may be required to complete a financial statement and reappear at another court date.

☐ INDIGENCE HEARING REQUEST

I am requesting to have an Indigence Hearing with the Judge to determine if I am indigent. I understand that I must bring a completed Application for Indigence form (will be mailed to you) to my court date. I understand that I must meet State qualifications to be found indigent. I understand that if I am found indigent, this charge may be reported to my driving record, if applicable.

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\_\_\_\_\_(initial) I understand that my court date paperwork will have additional information that I will be responsible for reviewing and will contact the court if I have any questions prior to my court date.

\_\_\_\_\_(initial) I understand that by signing this request, I agree to appear at the court date that will be sent to me at the address provided below and I authorize the court to set any other outstanding citation(s) I may have for the same court date.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email

**Return form to court with a valid, legible copy of a DL/ID – INCOMPLETE REQUESTS WILL DENIED**  
**Mail: Lake Worth Municipal Court, 3805 Adam Grubb, Lake Worth, Tx 76135**  
**Fax: 817-237-1333 Email: [court@lakeworthtx.org](mailto:court@lakeworthtx.org)**  
**Call to verify form received – A court date will be mailed and/or emailed to the address provided**