

	TE OF TEXAS VS. ENDANT NAME:								
CITA	TION NUMBER:								
OFFI	ENSE:								
		REQUEST FOR	30 DAY	EXTENSION	TO PAY AI	ND WAIVER O	F TRIAL		
	above defendant in a of: <i>(mark one)</i>	this case, hereby	make my	motion for tim	e to pay in t	his matter. In co	onnection with t	this motion, I enter	
a pio	a on (mark one)	☐ GUILTY	OR	□ NOLO	CONTEND	ERE (NO CON	TEST)		
	eby waive my righ owledging either thests.								
l am	unable to pay my fi	ne and costs in fu	ll today a	nd I am reque	esting a 30-	day extension t	o pay my citati	ion in full.	
By si	gning below, <u>I affir</u>	m I understand t	he follow	<u>ving:</u>					
-	once I enter a plea it cannot be changed or removed;								
-	by requesting this or Deferred Dispo		ent plan, I	waive my ri	ght to a tria	al and forfeit the	e option of Driv	ver's Safety Cours	е
-	a \$15.00 State Tin 31st day after the d				•	•		•	е
-		y personal financia	l situation	that may inte	rfere with m	y ability to pay.	I understand the	to notify the Court of hat at any time after vise the court of m	er
-	I may pay in cash mail, in the night to credit/debit pay	drop (open 24-ho		, ,	•			t card in person, b onal fees will appl	•
	Signature of Defenda	ant			Date				
	Address	,	Apt#		City	State	Zip		
	Home Phone	Cell Ph	one		Email Addre	SS			

Return form to the court with a legible copy of a DL/ID – INCOMPLETE REQUESTS WILL DENIED

Mail: Lake Worth Municipal Court, 3805 Adam Grubb, Lake Worth, Tx76135

Fax: 817-237-1333 Email: court@lakeworthtx.org

Call to verify form received 817-255-7910