



JUSTICE OF THE PEACE

101 W. Main St. Suite 130, Madisonville, Texas 77864 Phone: (936) 348-5151 Fax: (936) 348-3989

Request for 30 Day Extension for payment

(Request is due on or before appearance date of citation)

I, _____ hereby enter a plea of:
(Print Name)

PLEASE INITIAL ONE:

NO CONTEST [NOLO- NOT ADMITTING GUILT].....

GUILTY

Driver's License #	or	ID#	Citation #	Citation Date
Mailing Address		City	State,	Zip
Telephone Number			Email Address	

****Please mail in this form with:**

Copy of citation

Self-addressed stamped envelope

SIGNED THIS _____ DAY OF _____, 20_____.

DEFENDANT SIGNATURE

INFORMATION BELOW THIS LINE IS FOR DEPARTMENT USE ONLY

GRANTED

DENIED

SIGNED AND ENTERED THIS _____ DAY OF _____, 20_____.

JUDGE

Payment due: _____ Total Fee: \$ _____

Money order/cashier check/or Payment online (certifiedpayments.net)