CLASS C PLEA SHEET

		Case #		
DEFENDANT'S NAM	E			
MAILING ADDRESS		HOME PHONE NUMBER		
CITY/STATE/ZIP		WORK PHONE NUMBER		
PHYSICAL ADDRESS	S	CELL PHONE NUMBER		
CITY/STATE/ZIP				
You have been cha	arged with	·		
YOU MUST CHECK C	ONE OF THE FOLLOWING:			
□ NO CONTEST	A plea of <i>no contest</i> states you are <i>not</i> contesting by the Court and your fine will be assessed.	the charges filed. If you plea no contest, a finding of guilt will be entered		
□ GUILTY	A <i>guilty</i> plea states you are guilty of the charges no contest.	you are guilty of the charges as filed. The fine and costs on a plea of guilty are the same as a plea of		
□ NOT GUILTY	A not guilty plea states you are not guilty of the charge as filed. If you plead not guilty, a trial date will be set. You a required to appear for trial. Failing to appear may result in your being charged with Failure to Appear (Sec. 38.10, Pen Code) and a warrant being issued for your arrest. It is not required that you be represented by an attorney; however, you may elect to do so. Should you be found guilty, your fine would be in an amount not to exceed \$500.00 plus costs proviolation. Notice of your court date will be mailed to the address you have listed above. Any changes to you mailing address requires notification to this court within (7) seven days.			
	ON A PLEA OF <u>NOT GUILTY,</u> PLEASE F FOLLOWING;	ILL OUT THE BACK OF THIS PAGE AND CHOOSE ONE OF THE		
	I wish a Trial by Judge and w	aive my right to a Jury Trial.		
	I wish a Trial by Jury . If foun	d Guilty, All costs of Trial and Jury will be added to the fine.		
	WISH TO ENTER A PLEA AT THIS TIME. I U ND I MUST APPEAR FOR TRIAL AT THIS CO	NDERSTAND THAT A PLEA OF NOT GUILTY WILL BE ENTERED URT.		
I have pled no con t	test or guilty to an offense involving operation	of a motor vehicle and I waive a trial by jury.		
-	E OF THE FOLLOWING:	,		
	y my fine for the offense charged	o immediately pay all or part of the fine and costs.		
-		o immediately pay all or part of the fine and costs.		
Or, I request:				
□ la	g Safety Course (Please check the boxes to m not taking, and have not completed an appro s offense.	o acknowledge each statement below) oved driving safety course within the 12 months preceding the date of		
□ la □ lw ref □ lu □ lh: □ lh	undable and must be paid to the Court before and inderstand that I have 90 days to provide a copave attached a copy of my Texas Driver's Li	. This includes court costs and a dismissal fee. These fees are not my request will be granted. y of my Texas Driving Record		
	O NOT hold a commercial driver's license.			
□ Iha □ Iw bel	ave already completed a driving safety course	lease check the boxes to acknowledge each statement below) during the proceeding 12 months and do not qualify for a DSC. dministrative fees. These costs and fees must be paid to the Court		
		ithin <u>30 days</u> , complete my driver's safety course, deferral \$15.00 Time Pay Court Cost will be added to each case.		

DATE

DEFENDANT'S SIGNATURE

(This page is to be filled out <u>only</u> if you are pleading <u>not guilty</u>)					
CAUSE NO					
THE STATE OF TEXAS	§	IN THE JUSTICE COURT			
v.	§ § § §	PRECINCT NO. 1			
	§	WOOD COUNTY, TEXAS			
PERSONAL APPEARANCE BOND					
Charged Misdemeanor Offense:					
I,, the I acknowledge that I have been charged with the misde before the Court to answer the accusation against me. I enter into this undertaking freely and voluntarily. I sw Court, located at the Wood County Justice Center, 402 S	ear that I will appear bef . Stephens St., Quitman, T	Fore the Justice of the Peace, Pct. 1, Fexas, upon notice by the Court, or			
pay to the Court the principal sum of \$ plus all necessary and reasonable expenses incurred in any arrest for failure to appear. This sum is payable to the State of Texas.					
This obligation remains in full effect until the Court disposes of this charge and discharges the Defendant.					
	Signature of Defenda	nt/Principal			
Defendant's Name:	Defendant's Address	3:			
Defendant's Telephone Number:	Date & Place of Defendant's Birth:				
Height:	Weight:				
Hair Color:	Eye Color:				
Driver's License Number (and state of issuance):	Nearest Relative's N	ame and Address:			
TAKEN AND APPROVED this day of, 20					