**THE HONORABLE ROBERT JOHNSON**

**JUSTICE OF THE PEACE**

**POLK COUNTY PRECINCT NO. 3**

**201 W. BEN FRANKLIN CORRIGAN, TEXAS 75939**

**PH 936-398-4114 FAX 936-398-5574**

**Polkjp3@co.polk.tx.us**

**Please read the following information regarding your plea carefully and circle one (1) choice of plea and ONE (1) request; and return the form to our office. Current contact information must be on the form.**

**NOT GUILTY:** A plea of not guilty states that you are not guilty of the charge as filed against you. A plea of not guilty will require the posting of a bond so that the Court may set your case for trial. You may post a cash bond or surety bond. Failure to appear for Court will result in forfeiture of your bond and a warrant being issued for your arrest. If found not guilty at trial, the charge against you will be dismissed and the Court will refund any cash bond by mail. Should you be found guilty at trial, your fine will be set by the Judge or Jury plus all cost of court. If found guilty, and after the fine and cost assessed are paid, the Court will refund any cash bond by mail.

**NOLO CONTENDERE (NO CONTEST):** A plea of no contest states that you are not contesting the charge the State has filed against you. If you plead no contest, a finding of guilt will be entered by the Court and your fine and court cost will be as noted in your payment agreement.

**GUILTY:** A guilty plea states you are guilty of the charge as filed against you. The fine and court cost on a plea of guilty are the same as a plea of no contest and your fine and court cost will be assessed.

I MAKE THE FOLLOWING PLEA AND REQUEST REGARDING CASE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR THE OFFENSE OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PLEA :

\_\_\_\_\_ NOLO CONTENDE OR \_\_\_\_\_ GUILTY AND

\_\_\_\_\_ WILL PAY MY TICKET ON OR BEFORE MY APPEAR DATE

\_\_\_\_\_ REQUEST 30 DAYS FROM MY APPEAR DATE TO PAY MY TICKET. I UNDERSTAND THAT IF NOT

PAID WITHIN 30 DAYS IT WILL COST ME AN ADDITIONAL $15 FEE.

\_\_\_\_\_ REQUEST A PAYMENT PLAN, WHICH WILL COST ME AN ADDITIONAL $15 FEE TO DO SO.

\_\_\_\_\_ REQUEST AN ALTERNATIVE MEANS OF SATISFYING MY TICKET, AS DETERMINED BY THE JUDGE.

\_\_\_\_\_ I AM REQUESTING A DEFERRAL AND KNOW THAT I MUST MEET CERTAIN CONDITIONS

ORDERED BY THE JUDGE IF A DEFERRAL IS GRANTED UPON MY REQUEST.

OR

\_\_\_\_\_ NOT GUILTY TO MY CITATION AND

\_\_\_\_\_ WAIVE MY RIGHT TO JURY TRIAL AND REQUEST A TRIAL BY JUDGE.

\_\_\_\_\_ REQUEST A TRIAL BY A JURY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

SIGNATURE

**CURRENT CONTACT INFORMATION:**

MAILING ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_