



DALLAS COUNTY JUSTICE OF THE PEACE 4-2
CAUSE NO. _____

Defendant's Name: _____

Date: _____

PLEA ON CHARGE

PLEA OF NOT GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense, charged in the above styled and numbered Justice Court cause. **I plead NOT GUILTY.**

(Initial only one below):

- I want a jury trial. I understand that if I **FAIL TO APPEAR** for my jury trial on the date and time set by the Court, **I AM OBLIGATED TO PAY** for the entire **COST INCURRED FOR IMPANELING THE JURY** as set by the Dallas County Commissioners Court. I further understand that if I CANNOT show good cause for failing to appear at my trial, the Court will issue an ORDER, enforceable by CONTEMPT, for me to fulfill my obligation to pay the entire cost for impaneling the jury. I understand that if the Court finds me in CONTEMPT, the Court may assess punishment of a FINE of up to ONE HUNDRED DOLLARS (\$100.00), or CONFINEMENT in the COUNTY JAIL for up to THREE (3) DAYS, or BOTH FINE AND CONFINEMENT IN JAIL. _____ [initial]

--OR--

- I waive my right to a jury trial and request a trial before the Court. I promise to appear in person in the Courtroom of Justice Court Precinct 4, Place 2, on any date for which this case is scheduled before this Court. I understand that if I do not appear anytime I am required to appear for this case, a Failure to Appear criminal charge may be filed and a warrants may be issued for my arrest. _____ [initial]

PLEA OF NOLO CONTENDERE (NO CONTEST)

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the above styled and numbered cause. I understand that I have a right to a jury trial and that my signature on this **plea of nolo contendere** will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby **plead nolo contendere** to said offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record. _____ [initial]

PLEA OF GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the above styled and numbered Justice Court cause. I understand that I have a right to a jury trial. I do hereby **plead guilty** to the offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record. _____ [initial]

- I, the undersigned, do hereby request the amount of fine assessed and the amount of appeal bond that the Court will approve.

IMMIGRATION CONSEQUENCES: If you are not a citizen of the United States, entering a plea of guilty or nolo contendere to the charged offense could affect your immigration status and/or case. If you have questions regarding this issue, you should contact an immigration attorney.

I have attached a copy of my current GOVERNMENT ISSUED ID or Driver License. _____ [initial]

Defendant's Signature

Date

Dallas County Justice of the Peace 4-2

Address: 106 W. Church Street, Suite 210, Grand Prairie, TX 75050

Phone: (214) 589-7000 *Fax:* (214) 589-7048 *Email:* jp42court@dallascounty.org



DALLAS COUNTY JUSTICE OF THE PEACE 4-2
CONTACT INFORMATION & ABILITY TO PAY FINES AND COURT COSTS

CONTACT INFORMATION

NAME
NOMBRE LAST Apellido FIRST Nombre MIDDLE Segundo Nombre

STREET ADDRESS:
Direccion NUMBER Numero STREET Calle APT Apartamento CITY Ciudad STATE Estado ZIP Codigo Postal

PHONE / Telefono: () CELL PHONE / Cellular: ()

EMAIL ADDRESS/Correo electronico:

YOU MUST PROVIDE the name & phone number of at least TWO (2) Personal References:
Necesita proveer dos referencias.

() RELATIONSHIP/ Relacion

NAME/ Nombre PHONE NUMBER/ Telefono

() RELATIONSHIP/ Relacion

NAME/ Nombre PHONE NUMBER/ Telefono

STANDARD PAYMENT PLAN

This court offers a Standard Payment Plan that orders a down payment of \$50.00 and two subsequent payments due every thirty days, made in equal payments to the court.

ACKNOWLEDGEMENT AND DECLARATION
(RECONOCIMIENTO Y DECLARACION)

(initial) I understand the terms of the standard payment plan listed above.
(initial) I have the ability to successfully make the payments as listed above.
(initial) I decline the opportunity for local program/ court staff to consider lower monthly payments for a longer term.

Defendant Signature (Firma)

Date (Fecha)

Witness (testigo)

Payment Ability information

If you are unable to meet your fine and court cost obligations because of financial hardship, or if you are a minor under the age of 17, the court can set up a hearing with the Judge to discuss other options to discharge your case including community service, tutoring and payment plans that extend past the four (4) payments authorized in the Standard Plan.

I would like to request a hearing with the Judge to discuss alternative options to satisfy judgment.

(initial) I attend high school.

(initial) My household income does not exceed 125% of the federal poverty guidelines.

(initial) I receive public assistance (Food Stamps, WIC, Medicaid, CHIP)

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