PLEA MUST BE MADE IN WRITING OR IN PERSON

On or before your appearance date Telephone call **DOES NOT** constitute appearance.

REPLY FORM

Mail to the Justice Court marked at the bottom of citation Enclose a copy of the citation with your reply

PLEASE PRINT OR TYPE:

Name (as appears	s on the driver license):		
Citation #:		Violation:	
Date of Citation:		Date Cited to Appear:	
Driver's License	#:	State of License:	
Mailing Address:			
Cell:()	Phone #:)	
CHECK ONE:			
1.	I hereby enter a plea of GUILT	Y and waive appearance trial.	
2.	I hereby enter a plea of NOLO CONTENDERE and waive appearance for trial.		
3.	I hereby enter a plea of NOT GUIL	TY and request	
	a.) Trial by Judge	b.) Trial by Jury	
Signed this	day of	,20	·
		Signature of Defendant	
4.	I hereby request to take a Driving Safety Course C.C.P Article 45.0511. Enclosed is my Notarized Request (below), Proof of Auto Insurance, Copy of Drivers License, and a Cashier's Check or Money Order in the amount of \$135.00 . (NO PERSONAL CHECKS)		
	My Plea is GUILTY	YNOLO CONTE	ENDERE
over posted limit, process of taking record. I underst before my charge	such a course, and that I have not co and that I will pay court costs and a di is dismissed.	C.C.P. ART 45.0511 within the past 1 ompleted a course under 45.0511 whic ismissal fee and these fees are not refu	2 months proceeding and I am not in the ch has not reflected on my driving indable and must be paid to the court
	I am not eligible for the Driving Safe icle Safety Responsibility Act.	ty Course unless I provide proof of lia	ability insurance as required by the
Under penalty or	perjur <u>y</u> Signature of Defendant		
SWORN AND S	SUBSCRIBED BEFORE ME, th <u>is</u>	day of	

SEAL: