

JP1-1 PLEA FORM

NAME: _____ DL #: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

(Your initials) _____ It is your responsibility to inform the court in writing of any phone/address changes.

OFFENSE(S)

Offense: _____ Cause #: _____

Offense: _____ Cause #: _____

Offense: _____ Cause #: _____

Offense: _____ Cause #: _____

PLEA (Select one)

I enter a plea of **NOLO CONTENDERE (No Contest)** for the case(s) listed above.

*A plea of No Contest means you are not contesting to the charge(s) filed against you. The Court will enter a finding of guilt, and you will be required to pay fines and court costs.

I enter a plea of **GUILTY** for the case(s) listed above.

*A plea of Guilty means you are admitting guilt to the charge(s) filed against you. The Court will enter a finding of guilt, and you will be required to pay fines and court costs.

I enter a plea of **NOT GUILTY** and request:

Trial by Judge (Thereby waiving my right to a Trial by Jury)

Trial by Jury

PAYMENT PLAN

I request a Payment Plan of _____ months. I understand I must pay on or before the due date. I understand that if I pay any amount after 30 days from date of signature and I must pay the \$15.00 time payment reimbursement fee for each case, pursuant to Code of Criminal Procedure Art. 102.030). I understand failure to pay may result in a Show Cause hearing. I waive my right to an indigency hearing with the Justice of the Peace, Pct. 1-1.

(Your Initials) _____

OTHER OPTIONS

I am requesting Deferred Disposition (conditions imposed by Judge).

I am requesting a payment plan for Deferred Disposition, to be paid in full by the end of the deferral period. (Your initials) _____

I request an interpreter. Language: _____

I am requesting Jail Time Credit (attached is my proof of incarceration)

DEFENDANT'S SIGNATURE: _____ **DATE:** _____