

PLEA REPLY FORM

Full Name as it appears on DL _____
Mailing Address _____ City _____ State _____ ZIP _____
Phone Home _____ Phone Cell _____
Email Address _____ Citation No. _____

CHECK ONE AND SIGN BELOW

___1. I hereby enter a plea of **GUILTY** and waive appearance for trial. Payment in the amount of fine and court costs is enclosed. (Make your remittance payable to the City of Alba)

___2. I hereby enter a plea of **NOLO CONTENDERE (NO CONTEST)** and waive appearance for trial. Payment in the amount of fine and court costs is enclosed. (Make your remittance payable to the City of Alba)

___3. I hereby enter a plea **NOT GUILTY** and request a trial by **jury**. I understand the Court will notify me of my trial date. Advise the court of any updates to your email and or address changes.

___4. I hereby enter a plea of **NOT GUILTY** and waive my right to a jury trial and request a trial before the **judge** (bench trial). I understand the Court will notify me by mail of my trial date. Advise the court of any updates to your email and or address changes.

NOTE: Juveniles 16 & under must contact the court for a personal appearance with parent or guardian.

CREDIT CARD CASHIER'S CHECK OR MONEY ORDER (NO PERSONAL CHECKS ACCEPTED!)

Signature and Date

(DETACH HERE AND MAIL WITH FINE OR NOT GUILTY PLEA TO ALBA MUNICIPAL COURT.)

REQUEST FORM FOR DRIVER SAFETY COURSE

Failure to remit this form within 10 days of your offense will render you ineligible for this course or option.

___I hereby plead guilty, or nolo contendere as required by state law and request the court dismiss the charge under the terms of Article 45.0511 (b)(1), C.C.P.

___I certify that I have a valid Texas driver's license or permit and **do not hold a commercial driver's license (CDL)**; that the alleged speed was not 95 mph OR 25 mph or more above the posted speed limit; that I have not taken a driving safety course within the past 12 months for the purpose of having a citation dismissed, and am not in the process of taking such a course; and that I have not completed a course which is not reflected on my driving record.

___I understand that I will be charged court costs and a dismissal fee that are non-refundable and must be paid to the court **BEFORE** my request will be granted.

___I understand that I am not eligible for the Driving Safety Course unless **I provide proof of financial responsibility (liability insurance)**.

Signature of defendant

Under pain or penalty of perjury Sworn to and subscribed before me this ___ day of _____, 20___.

Notary Public

This affidavit for Drivers Safety Course must be returned by mail along with a copy of proof of liability insurance, copy of driver's license and money order for \$139.00.