

REQUEST FOR PAYMENT PLAN (additional fee of \$15 will be added to each violation for payment plan per State)

Citation # _____

Name: _____

Mailing address: _____

Physical address (if different): _____

Phone number: _____ Alt Phone: _____

I understand that Payment Plans are approved at the sole discretion of the Judge. I understand that upon approval of this payment plan, my payments will be due according to the agreed payment terms. I also understand that if I should miss a payment, the payment can be in default and may result in nonrenewal of my license and/or a CAPIAS warrant being issued for my arrest.

Furthermore, I understand that an initial payment is required upon approval of Payment Plan Request.

Schedule of Payments requested:

___ Weekly \$ _____ (payment amount)

___ Bi-Weekly \$ _____ (payment amount)

___ Monthly \$ _____ (payment amount)

*I hereby enter my appearance, waive my right to a jury trial and enter a plea of No Contest. I swear that the statements made here ar within my personal knowledge and are true and correct.

Defendant Signature: _____

You will receive an approved agreement signed by the Judge in the mail, if you do not receive within 30 days, please contact the court to followup.

****If you have an existing warrant, please contact the court to make arrangments for the warrant to be lifted.****

Gilmer Municipal Court

PO Box 760, Gilmer, TX 75644

903-843-2751

dhammonds@etex.net

Approved____ Not Approved____ Date:_____