

Form for Requesting Time Payment Plan

Please print or type:

Name: _____

Citation # _____ Date of Citation _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Check one:

_____ I hereby enter a plea of Guilty and waive my right to a jury trial and request a Time Payment Plan.

_____ I hereby enter a plea of No Contest and waive my right to a jury trial and request a Time Payment Plan.

X _____
Defendant

Date

Payment plans are given as follows:

If your total amount owed is \$101 - \$200 you will have 30 days to pay.

If your total amount owed is \$201 - \$300 you will have 60 days to pay.

If your total amount owed is \$301 - \$500 you will have 90 days to pay.

If your total amount owed is \$501 and over, you will have 6 months to pay.

Return this form, your down payment, a copy of your Driver's License or ID, and the Application for Time Payment Plan on before your appearance date (21 days from the date of citation). Once the court receives this form, you will be sent a copy of the Time Payment Agreement at the address given above.

Mail to Pleasanton Municipal Court
P.O. Box 209
Pleasanton, TX 78064