

PAYMENT PLAN REQUEST

FAX # 281-326-5456

EMAIL: TLVCOURT@TLV-TX.US

Please Note: If you correspond with the Court via email, all future correspondence and official notices from the Court will be delivered to you at the email addressed used.

DEFENDANT'S NAME

CITATION #: _____

I hereby waive my right to pre-trial discovery and trial by jury or before the judge and enter a plea of GUILTY or NO CONTEST.

I am requesting a PAYMENT PLAN and understand the initial payment is a minimum of \$100.00 and I will be required to pay the remaining balance at the rate of \$100.00 monthly until paid in full.

I understand that I will be assessed a \$15 Time payment fee for each violation. I also understand the PAYMENT PLAN option may result in a conviction appearing on either a criminal record or a driver's license record.

I understand the PAYMENT PLAN agreement is not approved until the initial payment is made.

FAILURE TO MAKE MONTHLY PAYMENTS WILL RESULT IN A CAPIAS WARRANT BEING ISSUED

THIS NOTICE SIGNED ON _____ DAY OF, _____, 20____.

DEFENDANT'S SIGNATURE

DL #

MAILING ADDRESS

PHONE #

EMAIL ADDRESS

**SUBMIT THIS FORM WITH A COPY OF YOUR
DRIVER'S LICENSE/PHOTO IDENTIFICATION CARD.**

CITATIONS IN WARRANT STATUS ARE INELIGIBLE FOR THIS REQUEST

(Keep a Copy of this form for your records)