

# PLEA FORM

## ROCKDALE MUNICIPAL COURT

P.O. BOX 586 \* 505 WEST CAMERON AVENUE \* ROCKDALE, TX 76567  
512-446-0812 \* FAX-512-446-6258 Email: municipalcourt@rockdaletx.gov  
Website: [www.rockdaletx.gov](http://www.rockdaletx.gov)

**Your plea must be in writing on or before your appearance date.**

Name (as appears on driver's license) \_\_\_\_\_

Citation Number: \_\_\_\_\_ Date of Citation \_\_\_\_\_ Appearance Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Telephone/Cell Number \_\_\_\_\_

**JUVENILES (16 YEARS OF AGE AND UNDER) MUST APPEAR IN COURT WITH A PARENT OR GUARDIAN ON OR BEFORE THEIR APPEARANCE DATE AS SHOWN ON THE CITATION OR BE SUBJECT TO HAVING THEIR LICENSE SUSPENDED AS REQUIRED BY LAW. JUVENILES MAY NOT REPLY BY MAIL.**

**Rockdale Municipal Court offers DEFERRED DISPOSITION – contact our office for information**

## ROCKDALE MUNICIPAL COURT DOES NOT ACCEPT PERSONAL CHECKS

### PLEA/REPLY FORM

1.  I hereby enter a plea of NOT GUILTY and request a trial.  
 I want a jury trial.  
 I waive my right to a jury trial and request a trial by Judge.

By entering a plea of NOT GUILTY, I hereby waive my right to request Defensive Driving for this violation at a later date. I understand that a Pre-Trial notice will be mailed to the above address with date and time to appear.

2.  I hereby enter a plea of GUILTY and waive appearance before Court for trial.  
Payment in full or partial payment with request for Payment Plan is due at time plea is entered.
3.  I hereby enter a plea of NOLO CONTENDERE and waive appearance before Court for trial.  
Payment in full or partial payment with request for Payment Plan is due at time plea is entered.
4.  I hereby enter a plea of NOLO CONTENDERE, waive appearance before Court for trial, and **request DEFERRED DISPOSITION.**

DEFENDANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I am requesting a payment plan for the remaining balance after my 1/2 has been paid. I understand that a payment plan will be mailed to the address provided above and I am required to sign and return the document to the Court. I would like to request a payment plan for (circle one): **30 days    2 months    3 months    4 months**

NOTE: Effective January 1, 2020, Senate Bill 346 provides that a court shall collect a \$15.00 time payment reimbursement fee from a person who seeks to pay any part of a fine, court costs, or restitution on or after the 31<sup>st</sup> day after the date on which the judgment is entered.

**You may be entitled to a credit toward any fine or costs owed if you were confined in jail or prison after the commission of the offense for which this notice is given.**