

# PAYMENT EXTENSION REQUEST

STATE OF TEXAS § IN THE MUNICIPAL COURT  
VS § CITY OF LANCASTER  
\_\_\_\_\_  
Name § DALLAS COUNTY, TEXAS

I hereby enter a plea of **No Contest / Guilty (circle one)** and waive my right to a jury trial and request that the Court grant me 30 days from the date of this request to pay my fine.

Initial \_\_\_\_\_ I Request Discovery

\_\_\_\_\_ I Waive Discovery

## **IMPORTANT-- PLEASE READ!**

*Article 102.030 Code of Criminal Procedure provides that a court shall collect a \$15 time payment fee from a person who seeks to pay any part of a fine, court cost, or restitution on or after the 31<sup>st</sup> day after the date on which judgment is entered.*

Therefore, I understand that if any portion of my fine is not paid before the 30th day, I will be assessed a \$15.00 time payment reimbursement fee, for each offense, on the 31st day. I understand that I may make partial payments at intervals at my convenience as long as the full amount due is paid by my due date. If you are unable to pay the full amount of this citation, please contact the court for information on the alternatives to full payment of the fine and costs.

I also UNDERSTAND THAT IF I FAIL TO COMPLY, a Capias Pro Fine will be issued for the remaining amount of the fine, costs and additional charges will be added. The Capias Pro Fine (warrant) will be issued for my arrest and my driver's license renewal will be denied. I also understand that I will be subject to arrest by the City Marshal at my home or place of employment.

**Please fill out completely:**

**Citation Number:** \_\_\_\_\_

**Violations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Defendant's Signature Date: \_\_\_\_\_