FAIR OAKS RANCH MUNICIPAL COURT PLEA FORM

Ph: (210) 698-0983 Email: court@fairoaksranchtx.org Fax: (210) 888-2551

PRINT NAME:					
Citation Number	Violation		No Contest	Guilty	Not Guilty
-	-01				-
					
	-04 -05				
-					
FILL IN CITATION NUM	BER & EACH VIOLATION		INITIAL YOUR	PLEA FOR	EACH VIOLATION
me, if any. I understand that and that if I make any states charge(s) by judge or jury. understand that under the la	the charge(s) against me. I under at I have the right to remain silent ment regarding the charge, it may I understand that I have the right aw, I do not have the right to have y of the charged offense the punish	and that I am to be used against to consult and an attorney ap	not required to make an st me. I understand that hire an attorney to repr pointed to represent me	y statement: I have the ri esent me in te if I cannot	regarding the charge; ght to a trial of the his Court. I further
Definitions of 1 teas	<u>s</u>				
	Plea of est, you waive your right to a jury itting guilt and agree to pay the fi		ection means that you d	o not contes	t the State's charge(s)
	Plou waive your right to a jury trial. ree to pay the fine/costs assessed by			contest the S	State's charge(s) against
	ilty and request a trial bytend to contest the charge(s) again		ng my right to a jury tr		
I understand that it is my charge has been dis	my responsibility to notify th posed.	e court of m	y current mailing ac	ldress and	phone number until
Mailing address: (print)					
City		State	Zip Code		
Phone Nu	umber: ()				
Email:					
Defendant's signature	 Date				