Payment Plan Request

Defendant:					
Citation(s):					
	, hereby plea GU	ILTY/NO CONTE	ST on the above ci	tation(s) and waive my right	to a
Order No. 10. As per Arti	ne) (0 \$50 deposit <u>per violation</u> *** cle 102.030 of the Code of Co om the payment plan start d	riminal Procedu	res, I understand tl	hat a \$15.00 fee will be adde	
1 To pay the rema	ining balance within 30 days	from this reque	est.		
2 My total amoun	t owed is less than \$500.00 a	and I will make r	nonthly payments	of \$100.00 until my balance	is paid in full.
3 My total amou	nt owed is between \$501.00	- \$1000.00 and	I will make monthl	y payments of \$150 until my	/ balance is paid
4 My total amou	nt owed is over the amount o	of \$1,000.00 and	d I will make month	nly payments of \$200.00 unt	il my balance is
license suspension order added to increase my tot	to comply with the payment being issued to DPS. I under al balance due by 30%. I fur payment is made in full on o	stand that if I be ther understand	ecome delinquent o	on my payment plan, collect	ions fees may be
Mailing Address:				Phone:	
My name is	(Middle)				
(First)	(Middle)	(Las	t)		
my date of birth is	/, and my	y address is			
(2)				_, and	<i>:</i>
(Street)	(City)	(State)	(Zip Code)	(Country)	
I declare under penalty o	f perjury that the foregoing	is true and corre	ect.		
Executed in	County, State of	, on the	day of (Mo	, 2020. nth)	
Declarant (Defendant Sig	nature)				
	ell-hills.com / Mail to: 510 50 deposit for EACH violation 1 violation = \$50,	n you want on a		hier's check or money order	only***
(For Court to fill out) REC	CEIVED BYON:	JJ	ACCEPTED/DENIEC) (reason)	