

CAUSE NUMBER: _____
(Citation)

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF POST

GARZA COUNTY, TEXAS

☐ **Plea of Not Guilty**

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in
Municipal Court Cause Number _____. I **plead not guilty**. (Offense)

Initial One:

_____ I want a jury trial.

_____ I waive my right to a jury trial and request a trial before the Court.

I promise to appear, in person, in the Post Municipal Court on any date for which this case is scheduled before this Court. I understand that if I do not appear anytime I am required to appear for this case, a Failure to Appear charge may be filed and warrants may be issued for my arrest.

☐ **Plea of Nolo Contendere**

(Offense)
I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in
Municipal Court Cause Number _____. I understand that I have a right to a jury trial and that my signature on this **plea of nolo contendere** (meaning "no contest") will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby **plead nolo contendere** to said offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

☐ **Plea of Guilty**

(Offense)
I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: _____, charged in
Municipal Court Cause Number _____. I understand that I have a right to a jury trial. I do hereby **plead guilty** to the offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

☐ I, the undersigned, do hereby request the amount of fine assessed and the amount of appeal bond that the Court will approve.

Defendant's Signature Date

Home Telephone Number

Address

Work Telephone Number

.....
(Office Personnel Only)

Plea accepted on this _____ day of _____, 20____.

Judge, Municipal Court
City of Post

