To: City of Garden Ridge Municipal Court
9400 Municipal Parkway
Garden Ridge, Texas 78266
Phone (210) 651-6632 Fax (210) 651-9638
court@ci.garden-ridge.tx.us

From: _____

Date: _____ **Citation Number:** _____

PLEA FORM

For a plea of Not Guilty, you must appear on your scheduled court appearance date. I, the undersigned do hereby plea not guilty. Please initial one of the following:

_____ I want a jury trial

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

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I, _____ am unable to attend my scheduled court appearance. I do hereby enter my appearance on the complaint of the offense of _____.
I agree to pay the fine/fees and costs the Judge assesses. I understand that I have the right to a jury trial, and do hereby waive a jury by entering the plea of:

□ Nolo Contendere (No Contest)

□ Guilty

I understand that my plea may result in a conviction appearing on either a criminal record or drivers license record. I further understand that it is my responsibility to contact the court to ensure that my Plea Form has been received.

_____ _____
Signature **Date**