

FORM 1: TABLE OF COMMON OFFENSE AMOUNTS

*****NOTE: JUVENILES 16 & UNDER MUST APPEAR IN PERSON FOR COURT WITH A PARENT OR GUARDIAN*****

*****ASSAULT / FAMILY VIOLENCE CASES MUST APPEAR IN PERSON FOR COURT*****

SPEEDING		DWLI	\$481.00	Run Stop Sign	\$284.00
1-5 mph over the limit	\$209.00	FMFR 1 st Offense	\$331.00	Disorderly Conduct	\$431.00
6-10 mph over the limit	\$234.00	FMFR 2 nd or more	\$581.00	Public Intoxication	\$431.00
11-15 mph over the limit	\$269.00	No Seat Belt	\$184.00	Theft	\$431.00
16-20 mph over the limit	\$309.00	Unrestrained Child	\$284.00	Possession of Drug Paraphernalia	\$484.00
21 or more over the limit	\$334.00	Expired Drivers License	\$231.00	FTA / VPTA	Contact Court
Expired Registration	\$231.00	No Driver's License	\$281.00	City Ordinance Violation	Contact Court

*PAYMENT PLAN REQUEST

\$50.00 (\$75.00 if warrant status is active) per violation required to start the payment plan

(FAILURE TO REMIT PAYMENT WITH YOUR REQUEST WILL RESULT IN DELAY AND/OR DENIAL OF A PAYMENT PLAN)

Name (Print or Type as it appears on your driver's license) Email Address Driver's License Number

Current Mailing Address City, State, Zip Telephone Number

Date of Birth Citation Number Date of Citation Appear Date

Initial your plea (only choose one):

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1. I hereby: **ACKNOWLEDGE** that I have read the admonishment of rights (front page), **WAIVE** my rights, and enter a plea of **GUILTY**.

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2. I hereby: **ACKNOWLEDGE** that I have read the admonishment of rights (front page), **WAIVE** my rights, and enter a plea of **NOLO CONTENDERE** (No Contest).

Initial each statement:

_____ The defendant states to the court that he/she is unable to pay the fine(s), fee(s), and cost(s) in full at this time and requests the court grant him/her an extended period to pay them in full.

_____ The defendant acknowledges that he/she is required to make a payment in the amount of \$50.00 per violation to start a payment plan agreement.

(Make money order or cashier's check payable to Marlin Municipal Court)

_____ The defendant acknowledges that he/she must make a payment every 30 days until all fine(s), fee(s), and cost(s) are paid in full and the extended payment plan cannot exceed 180 days after the execution of this agreement.

_____ **The defendant acknowledges that the state adds a time payment fee of \$15 to each violation if the full amount cannot be paid within 30 days of first payment.**

_____ The defendant agrees and acknowledges that if he/she fails to comply with this payment plan agreement, he/she will be required to appear before the court and show cause why the court should not order the execution of all outstanding unpaid amounts against him/her.

Defendant's Signature: _____ Date: _____ Amount Enclosed: \$ _____