

**PLEA FORM**

**TICKET / CAUSE NUMBER:** \_\_\_\_\_

<b>STATE OF TEXAS</b>	§	<b>IN THE MUNICIPAL COURT</b>
<b>VS.</b>	§	<b>CITY OF SAN MARCOS</b>
_____	§	<b>HAYS COUNTY, TEXAS</b>

**PLEA OF NOLO CONTENDERE**

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: \_\_\_\_\_ (**offense title**) charged in Municipal Court (**Ticket / Cause Number**) \_\_\_\_\_. I have been informed of my 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.

_____ Defendant's Signature	_____ Date	_____ Address	_____ City	_____ State	_____ Zip
_____ Drivers License #		_____ Social Security #	_____ Telephone #		

**PLEA OF GUILTY**

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit: \_\_\_\_\_ (**offense title**), charged in Municipal Court (**Ticket / Cause Number**) \_\_\_\_\_. I have been informed of my right to a jury trial and that my signature to this plea of guilty will have the same force and effect as a judgment of the Court. 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.

_____ Defendant's Signature	_____ Date	_____ Address	_____ City	_____ State	_____ Zip
_____ Drivers License #		_____ Social Security #	_____ Telephone #		

**PLEA OF NOT GUILTY**

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

*Initial One:*

- \_\_\_\_\_ I want a jury trial.
- \_\_\_\_\_ I waive my right to a jury trial and request a trial before the Court.

_____ Defendant's Signature	_____ Date	_____ Address	_____ City	_____ State	_____ Zip
_____ Drivers License #		_____ Social Security #	_____ Telephone #		