



Official Court Application (OCA Form)



DEFENDANT'S WAIVER OF TRIAL BY JURY AND PLEA OF GUILTY/NO CONTEST

Comes now the Defendant in person and/or by and through his/her attorney of record and states that said Defendant understands the nature of the charge against him/her and the range of punishment for the offense charged; that he/she hereby waives the arraignment and reading of the complaint, and represents to the Court that the Defendant desires to make immediate disposition of this case by now entering a plea of **GUILTY** **NO CONTEST**. Further, the Defendant waives a trial by jury, the confrontation of witnesses, and the right to present witnesses in his/her own behalf, and submits the case to the Court on all issues of law and fact. Wherefore, Defendant prays that the court proceeds immediately on the filing hereof to accept the plea and waivers and to enter a judgment or deferred judgment of guilty in the manner provided by law.

Citation # : _____ \$ _____ Citation # : _____ \$ _____
 Citation # : _____ \$ _____ Citation # : _____ \$ _____
 Citation # : _____ \$ _____ Citation # : _____ \$ _____
 Citation # : _____ \$ _____ Payment Group # : _____

Municipal Court Contact Information / Información de Contacto de Tribunal Municipal

Name/Nombre: _____
 First/ Primer Middle/ Segundo Last/ Apellido
 Home Address/ Dirección de domicilio: _____
 Apt #/ # De Apto. City/State/Zip Ciudad/Estado/Código postal
 Mailing Address/ Dirección postal: _____
 Home Phone/ Teléfono del hogar: _____ Cell #/ # de celular: _____ Email/Correo Electrónico: _____
 Date of Birth/ Fecha de nacimiento: _____ Sex/ Sexo M F
 Valid Government ID #
 Identificación válida del gobierno _____ State or Country/Estado o País _____ Expiration/ Vencimiento: _____
 Spouse's Name/Nombre de su esposa/o: _____ Phone Number/Número de teléfono: _____
 Marital Status/Estado Civil: Single/Soltero Married/Casado Separated/Separado Divorced/Divorciado Widowed/Viudo

ACKNOWLEDGEMENT- STANDARD PAYMENT PLAN

1.) Defendant understands the payment plan terms. 2.) Defendant believes that they have the ability to successfully meet the payment plan terms. 3.) Defendant declines the opportunity for local program staff to review their payment ability information to consider lower monthly payments or a longer term.

Personal References / Referencia Personales

1) _____ 2) _____
 Name/Nombre Telephone/Telefono Name/Nombre Telephone/Telefono

I swear or affirm that the information is true, correct, and complete to the best of my knowledge. Juro afirmo que esta información es fiel, correcta y completa según mi conocimiento.

X _____ X _____
 Defendant Signature/Firma Date/Fecha Reviewed by Deputy Clerk/Subsecretario(a) Date/Fecha

NOTICE: A \$15.00 Fee will be due for each case if the total is not paid in full within 30 days of assessment. Only applicable for defendants on payment arrangements.

Selected information may be subject to open records requests, in accord with State and Federal Law. Change of address or name information is required by State Law in Chapter 521 of the Transportation Code. _____ initial

Nota: Una tarifa de \$15.00 será aplicado por cada una de sus infracciones si suma no es pagada en su totalidad dentro de los 30 días de evaluación. Sólo aplicable a los demandados en los planes de pago. Información seleccionada puede estar sujeta a las solicitudes de registros abiertos, de acuerdo con el Estado y la ley federal. Cambiar de dirección o nombre información es requerido por la ley del estado en 521 de capítulo del código de transporte. _____ Inicial

Requirements (Office Use):

Application Issued by _____	Date _____	Personal Info/Plan interview by _____	Date _____
6A _____ Non 6A _____ (clerk initial)		Amount Paid: _____	Number of payments _____ Monthly Amt \$ _____
Pay Type: Standard Pay Plan	Collection Agency _____	Supervisor Review by _____	Date _____
Judge Set _____		30 Day _____ 60 Day _____ 0% Down _____ 5% Down _____ 10% Down _____ 15% Down _____	
App Issued: _____	App Completed: _____	Defendant Interview: _____	Wait time: _____ App Completed: _____ Process Time: _____