## JUSTICE OF THE PEACE, PCT. 1,2,3,4 300 N. GRANT, ROOM 208 Odessa, TX 79761

## **PLEA FORM**

## **DATE OF PLEA:**

**DEFENDANT, ENTER A PLEA OF GUILTY OR NO** I, CONTEST TO THE FOLLOWING OFFENSE(S) AND REQUEST A PAYMENT PLAN. I AGREE TO REPORT IMMEDIATELY TO THE "COMPLIANCE DEPARTMENT" ROOM 111 OF THE ECTOR COUNTY COURTHOUSE TO ESTABLISH THIS AGREEMENT.

CAUSE NO: \$
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${}$ LESS JAIL CREDIT \$
PAYMENT \$
TOTAL DUE <u>\$</u>
<u>I UNDERSTAND FAILURE TO IMMEDIATELY REPORT TO THE COMPLIANCE</u>
DEPARTMENT SHALL SUBJECT ME TO ARREST AND CONFINEMENT UNTIL
SUCH TIME THE FINE AND ANY COSTS HAVE BEEN SATISFIED ACCORDING TO
LAW. I UNDERSTAND I CANNOT BE GRANTED ADDITIONAL TIME ON THIS
AGREEMENT IF A WARRANT OF ARREST IS ISSUED. THE FINE AND ANY COSTS
ARE DUE IN FULL. I HAVE READ (OR HAD READ AND EXPLAINED TO ME) THE
ABOVE TERMS AND I UNDERSTAND THE AGREEMENT. Must be paid in full within
30 days from date of plea to avoid State mandated \$15.00 time payment fee.

DEFENDANT

DATE:

PARENT/GUARDIAN

COURT CLERK

Address:\_\_\_\_\_

Phone #:\_\_\_\_\_

1<sup>ST</sup> Floor

**Room #111**