

NOTICE OF DEFENDANT'S RIGHTS

You have the right to;

Enter a **Plea of Not Guilty** and request a trial by Judge **or** a Trial by Jury.

OR

Enter a plea of **Nolo Contendre or Guilty** and;

(Unless Deferred, this will result as a conviction and report on your record and waive your right to a Jury Trial)

- Request a Payment Plan
- Request Community Service
- Request Time Served
- Submit a SSIP – Sworn Statement of Inability to Afford Court Costs and/or Fine
- Request DSC – Driver's Safety Course
- Request Deferred
- Pay the fine in full
 - you can do this by mailing a check or money order made payable to JP1 and mailed to PO Box 43, Lufkin TX 75902-0043
 - contact our office for instructions on paying with a debit/credit card online or by phone

You may get additional instructions on many of these options on our website:

<http://www.angelinacounty.net/jp1/traffic> or by contacting our office at 936-634-8334

Defendant's Plea on Ticket No. or Docket No. _____

I, _____, do hereby enter my appearance on the
(Print your name)

violation of: _____
(Print the violation you were cited for as it appears on your ticket. You need a separate plea for each violation listed on the ticket)

I have been given and reviewed the Notice of Defendant's Rights.

I hereby enter a plea of **NOT GUILTY** and ask to be notified of the trial date. I understand that by entering a plea of Not Guilty will result in a trial by Judge or Jury.

I want a Jury trial.

I want to waive my right to a Jury Trial and hereby request a Trial by Judge.

--OR--

I hereby enter a plea of **NOLO CONTENDERE - OR- GUILTY**
I understand that by entering a plea of either Nolo Contendere or Guilty, will result in a conviction on my record (unless deferred disposition is granted) and waive my right to Jury Trial;

And request: Payment Plan Community Service Time Served Deferred
 Drivers Safety Course Pay in Full

NOTICE: It is your responsibility to notify the Court of changes to addresses or other contact information

Defendant's Signature: _____

Defendants DL or ID No. _____

Defendant's Street Address: _____

City, State, and Zip: _____

Defendant's Phone No.: _____

Date: _____