



CITY OF NEW FAIRVIEW MUNICIPAL COURT PLEA FORM

EMAIL ADDRESS: SUSAN@NEWFAIRVIEW.ORG

PHONE # 817-638-5366 EXT 1008

CITATION #: _____

VIOLATION: _____

DEFENDANT'S NAME: _____

DEFENDANT'S PLEA

PLEA OF NOLO CONTENDERE (NO CONTEST)

I, the undersigned, do hereby enter my appearance on the complaint of the offense in the City of New Fairview Municipal Court. I have been informed of my right to a jury trial, acknowledge that I have not requested any discovery pursuant to Article 39.14 CCP, 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 Court, and agree to pay the fine and costs the judge assess.

PLEA OF GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense in the City of New Fairview Municipal Court. I have been informed of my right to a jury trial, acknowledge that I have not requested any discovery pursuant to Article 39.14 CCP, 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 assess.

PLEA OF NOT GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the City of New Fairview Municipal Court. I plead not guilty.

_____ I want a jury trial.

_____ I waive my right to a jury trial and request a trial before the court.

Signed on this _____ day of _____, 20 _____.

_____ Defendant's Signature