



Justice of the Peace
Precinct 3 Place 1
730 N. Breyfogle, Suite C
Mission Texas 78574

DEFENDANT'S REQUEST FORM

Date of Request: _____

CAUSE NUMBER(S): _____

THE STATE OF TEXAS
VS.

Date of Birth: _____

Texas ID/DL #: _____

Class: C B A M CDL

Defendant

- | | |
|--------------------------|--------------------------|
| 1. Offense: _____ | 2. Offense: _____ |
| Balance: \$ _____ | Balance: \$ _____ |
| 2. Offense: _____ | 4. Offense: _____ |
| Balance: \$ _____ | Balance: \$ _____ |

After I said named defendant have submitted a plea of nolo contendere or guilty in writing to the court, I would like to request the following to dispose of court costs and fees:

COMMUNITY SERVICE HOURS

INDIGENCE WAIVER

DEFERRAL

30 DAY EXT

REDUCTION IN OVERALL BALANCE(S)

DISMISS WITH PROOF (*applicable admin fee may apply*)

** proof was submitted to court staff*

DEFENSIVE SAFETY DRIVER COURSE

** Qualifying Offense*

** Valid Texas Driver License*

** Valid Motor Vehicle Insurance*

** Have not taken DSC course in the last 12 calendar months*

Defendants Signature

Address City, State and Zip Code

Defendant's Phone Number

Defendant's Email Address