



CITY OF PLANO MUNICIPAL COURT
900 EAST 15TH STREET, P.O. BOX 860828
PLANO, TEXAS 75086-0828
972-941-2199

Defendant: _____

Cause Number: _____

Offense: _____

I acknowledge I have NOT complied with the conditions of the Court for dismissal of the above citation number.

Please check one of the following:

_____ I waive my right to a Show Cause Hearing and request the Judge to enter Judgment. I also waive my right to appeal the case to Collin County Court at Law.

_____ I waive my right to Show Cause Hearing and request the Judge to enter Judgment. I request ten (10) days to appeal the Judgment. I understand if I fail to submit an appeal bond within ten days of the date Judgment is entered the Judgment will become final.

Defendant

Date

