



**CITY OF PLANO MUNICIPAL COURT  
900 EAST 15<sup>TH</sup> 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 impose the fine amount. I also waive my right to appeal the case to Collin County Court at Law. I understand payment is due immediately.

I waive my right to a Show Cause Hearing and request the Judge to impose the fine amount. I request ten (10) days to appeal the Judgment imposed.

If you fail to pay the remaining balance, an additional \$25.00 State law required Time Payment Fee will be added and your case will be processed for warrant with the additional costs attached thereto.

Defendant's Signature:

Date:

Clerks Initials:

