



**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 impose the fine amount. I also waive my right to appeal the case to Collin County Court at Law. I wish to pay the fine imposed.

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

_____ I waive my right to a Show Cause Hearing and request the Judge to enter Judgment. I waive my right to appeal the case to Collin County Court at Law. I also request a fifteen (15) day extension to pay the balance of \$_____.

If you fail to pay the remaining balance within the thirty (30) days from the Judgment date, 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

Date

