## **REQUEST FOR PAYMENT PLAN**

THE STATE OF TEXAS	§	IN THE MUNICIPAL COURT
VS	§	CITY OF FERRIS
	§	ELLIS COUNTY, TEXAS
DEFENDANT'S NAME		
Name		
D/L#		
Citation#		
Offense(s)		<u></u>
Phone Number		
You have the option to pay the balance of day.  To apply for a payment plan you must  This request form filled in  A copy of Driver's license  A self-addressed, stamped  A Cashier's Check or Mo	t have your request postnits entirety and signed by door photo ID denvelope oney Order (made payable	to the City of Ferris) for \$100.00 (NO PERSONAL tact the Court at 972-544-2110 OR please visit your total amount owed.
	114 S. Central St	
	Ferris, TX 75125	
agreement that will need to be signed and	·	your paperwork pertaining to your payment plan
Waive	r of Trial and Request for Pay	ment Plan
I, the above styled defendant in this cause, here plea of no contest. I hereby waive my right to Note: Defendant acknowledges by his/her sign:	eby request a payment plan in the trial by judge or jury and discove ature hereto that he/she is agr Criminal Procedure. Defendant	this matter. In connection with this request, I enter my

Date

Defendant's Signature