

CAUSE NUMBER(S): _____

STATE OF TEXAS

VS.

IN THE MUNICIPAL COURT
FOR THE
CITY OF COOLIDGE
LIMESTONE COUNTY, TEXAS

DEFENDANT

Deferred Disposition Request

I hereby enter my appearance on the complaint of the offense of : _____

_____ I understand that I have the right to a Jury trial. I hereby waive my right to jury trial, enter a plea of: (check one) guilty no contest, and request deferred disposition. Under Art 39.14, I do not wish to request any discovery and have not been provided such by the prosecution. I also understand the court will notify me by mail of the Judge's decision and I will be required to fulfill those conditions of my deferred disposition in the time listed in my letter.

SIGNED AND RENDERED ON THIS.

Defendant's Signature Fil ma de A usado Date (Fecha)

D.L. or I.D. Number and State
(Numero de Licencia o ID)

Home Address(Domicilio)

Cell Phone Number (Numero de celular)

City, State and Zip Code

Home Phone Number (Telefono de casa)

Place of Employment (Empleo)

Work Phone Number
(Telefono en el trabajo)

**** You are NOT eligible for Deferred if you are a CDL holder***