

BURNET MUNICIPAL COURT , P.O. BOX 1369 (USE FOR MAILING)
1001 BUCHANAN DR. #4 (HWY. 29 WEST NEXT TO WELLS FARGO BANK)
BURNET, TX 78611 512-756-2822 FAX #512-756-8560
court@cityofburnet.com

REPLY FORM

*****THE COURT DOES NOT ACCEPT CHECKS. WE ACCEPT ALL OTHER FORMS OF MONEY *****

IF YOU RECEIVED A TICKET FOR FAIL TO SHOW PROOF OF FINANCIAL RESPONSIBILITY, YOU MAY SEND THE COURT PROOF OF COVERAGE EFFECTIVE THE DAY OF THE TICKET. IT WILL BE VERIFIED WITH THE INSURANCE COMPANY AND IF IN FORCE ON THE DAY AND TIME OF THE TICKET, IT WILL BE DISMISSED WITH NO DISMISSAL FEE.

EVERYONE FILL OUT CONTACT INFO THEN CHOOSE YOUR OPTION:

NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

CITATION # _____ and for which charge CHARGE 1- CHARGE 2 - CHARGE 3

OPTION 1 OR

CHECK ONE OF THESE BOXES FOR A 30 DAY EXTENSION TO PAY YOUR TICKET OR TO ENTER A PLEA AND PAY A TICKET:

I hereby enter a plea of GUILTY OR

I hereby enter a plea of NOLO CONTENDERE (no contest) and waive appearance for trial.

To pay with credit card by mail _____ exp. date: ____ / ____

We offer online payment(s) also. Go to cityofburnet.com then to online services at the top left hand side of the web page.

OPTION 2 OR

TO PLEAD NOT GUILTY:

I hereby enter a plea of NOT GUILTY, AND CHOOSE A TRIAL BY:

JURY JUDGE (Check one)

YOU WILL BE MAILED/GIVEN FURTHER INSTRUCTIONS ABOUT TAKING YOUR DRIVING SAFETY COURSE.

OPTION 3 (PLEASE READ EVERYTHING BELOW)

TO REQUEST DRIVERS SAFETY COURSE: You may be able to have one (1) violation dismissed by successfully completing a driving safety course, or a motorcycle operator training course.

Fill out request and send along with the items below and mail by certified mail or hand delivered on or before your appearance date on your ticket, if you do not, you lose that right to take a drivers safety course.

All information on this form must be completed at the time of request with all items submitted or the request will not be processed.

1) I do hereby enter a plea of: No Contest () or Guilty () **DEFENDANT MUST CHECK A PLEA**

2) Copy of your valid Texas driver's license or military ID if you do not have a Texas driver's license

3) Copy of insurance coverage on your vehicle.

4) Court Costs (NO CHECKS ACCEPTED) credit card payment for court cost: _____

_____ exp. date: ____ / ____

() \$107 (Regular violations) Court Costs

() \$132 (School Zone violations) Court Costs

I understand that I am **NOT ELIGIBLE** for this request if:

I AM A HOLDER OF A COMMERCIAL DRIVER'S LICENSE; AM CURRENTLY TAKING A DRIVING SAFETY COURSE; HAVE COMPLETED A DRIVING SAFETY COURSE IN PAST 12 MONTHS FROM THE DATE OF THE CITATION; WAS ALLEGED TO BE SPEEDING 25 MPH OR MORE OVER THE SPEED LIMIT; PASSING A SCHOOL BUS, SPEEDING IN A CONSTRUCTION ZONE WHEN WORKERS ARE PRESENT OR SPINNING TIRES.

Information regarding your request will be mailed to you at the address above.

Signature of Defendant

Date