

REPLY FORM

BURNET MUNICIPAL COURT

(FOR MAILING) P.O. BOX 1369, BURNET, TX 78611

(PHYSICAL) 1001 HWY. 29 WEST #4, BURNET, TX 78611

(WE ARE LOCATED NEXT TO WELLS FARGO BANK)

Phone: 512-756-2822 Fax: 512-756-8560 Email: court@cityofburnet.com Web: cityofburnet.com

*******THE COURT DOES NOT ACCEPT CHECKS *******

*******All juveniles (16 and under) are required to make an appt. to see Judge *******

FILL OUT CONTACT INFO THEN CHOOSE YOUR **OPTION**:

NAME: _____ MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE: (____) _____

EMAIL: _____

TICKET / CITATION # _____ and violation: _____ violation: _____

OPTION 1 OR violation: _____

TO RECEIVE 30 DAY EXTENSION: CHECK ONE OF THE BOXES BELOW & INCLUDE \$50.00 DOWN PAYMENT FOR EACH VIOLATION

TO RECEIVE A PAYMENT PLAN: (OVER 30 DAYS TO PAY) CHECK ONE OF THE BOXES BELOW AND \$50 DOWN PAYMENT ON EACH VIOLATION AND A PAYMENT PLAN APPLICATION COMPLETED

I hereby enter a plea of GUILTY OR

I hereby enter a plea of NO CONTEST and waive appearance for trial . I agree to pay the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record. To pay with credit card _____ exp. date: ____ / ____ . We offer online payment(s) also. Go to cityofburnet.com, on the left side of the web page look for pay online.

OPTION 2 OR

TO PLEAD NOT GUILTY: (when you choose this option, a date to see the prosecutor will be set up for you)

I hereby enter a plea of NOT GUILTY.

OPTION 3 (PLEASE READ EVERYTHING BELOW) YOU WILL BE MAILED INSTRUCTIONS REGARDING YOUR DRIVING SAFETY COURSE COMPLETION REQUIRMENTS.

TO REQUEST DRIVERS SAFETY COURSE : You may be able to have one moving violation dismissed by successfully completing a driving safety course, or a motorcycle operator training course if you were driving a motorcycle when ticketed. Fill out request and send along with the items below 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.

1) I wish to plea:

(CHECK ONE)

- | |
|--|
| <input type="checkbox"/> Guilty or
<input type="checkbox"/> No contest and waive appearance for trial |
|--|

2) Copy of your valid Class C Texas driver's license or permit or active duty military ID or ID of spouse or dependent child of active duty military forces;

3) Copy of valid insurance coverage on your vehicle. Insurance must be effective on the date of this request;

4) Fee: (NO CHECKS ACCEPTED) **\$109** (Regular violations) Court Cost or **\$134** (School Zone violations) Court Cost
credit card payment for court cost: _____ exp. date: ____ / ____ or you may send money order for your court cost.

I understand that I am **NOT ELIGIBLE** if: I AM A HOLDER OF A COMMERCIAL DRIVER'S LICENSE AT THE TIME OF THE OFFENSE; I 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 POSTED SPEED LIMIT; SPEEDING 95 MPH OR MORE; PASSING A SCHOOL BUS, SPEEDING IN A CONSTRUCTION ZONE WHEN WORKERS ARE PRESENT OR SPINNING TIRES.

YOU WILL BE MAILED FURTHER INSTRUCTIONS REGARDING YOUR DRIVING SAFETY COURSE.

Signature of Defendant

Date