



APPLICATION FOR EXTENSION

NAME		CONTACT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
CITATION NUMBER	EMAIL ADDRESS		
=====			

By my signature below, I, the defendant, hereby freely and knowingly enter a plea of **(circle one) Guilty** or **Nolo Contendere** to the offense of: _____

- I understand that I am required to pay the court cost of \$_____ at the time of my request (please contact the Sanger Municipal Court at 940.458.7131 to obtain the amount);
- I understand by entering a plea of guilty or no contest, I waive my right to a jury trial;
- I understand that the court will enter final Judgment and a conviction will appear on my driving record.

I UNDERSTAND THAT IF ANY PORTION OF THE FINE AND COST IS PAID ON OR AFTER THE 31ST DAY AFTER THE DATE OF THE JUDGMENT, THAT I SHALL BE REQUIRED TO PAY ADDITIONAL \$15.00 FOR ALL OFFENSES, PURSUANT TO ART. 102.030 CODE OF CRIMINAL PROCEDUES.

By signing below, I request that the Court grant my request for a payment plan for the citation listed above. I also understand that I am required to notify the court of any changes in my address or contact number.

Defendant' Signature