



Fine \$ \_\_\_\_\_

**EXTENSION TO PAY FINE/FEEs**

CITATION \_\_\_\_\_

OFFENSE \_\_\_\_\_

STATE OF TEXAS

VS

IN THE MUNICIPAL COURT  
CITY OF THE COLONY  
DENTON COUNTY, TEXAS

The Defendant in the above numbered citation appeared and entered the following plea (Initial One):

\_\_\_\_\_ **GUILTY** \_\_\_\_\_ **NO CONTEST**

The Defendant is waiving the right to a Jury Trial, to a Driving Safety Course and Deferred Disposition (Probation).

I, the Defendant, by signing this agreement, do hereby agree to the following:

TO PAY INITIAL PAYMENT OF \$ \_\_\_\_\_ ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ;

BALANCE \$ \_\_\_\_\_ TO BE PAID ON OR BEFORE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**A TIME PAYMENT FEE OF \$15.00 PER VIOLATION, AS REQUIRED BY STATE LAW, WILL BE ADDED IF PAYMENT IN FULL IS NOT MADE BY THE 30<sup>TH</sup> DAY FROM TODAY. \_\_\_\_\_ Defendant Initials**

You will be required to:

1. Complete the Short Financial Form
2. Provide a state issued DL/ID at time of request
3. Pay a Time Payment Fee of \$15.00 per violation as required per State Law if fine/fees are not paid in full at the end of the thirty (30) days; and
4. Will be required to pay a partial payment at time of request for Extension

**I, SAID DEFENDANT IN THE AFOREMENTIONED CAUSE, AGREE TO THE ABOVE TERMS AND UNDERSTAND THAT IF I FAIL TO MAKE THE PAYMENT AS AGREED, THE EXTENSION CANNOT BE REINSTATED. IF A CAPIAS PRO FINE WARRANT IS ISSUED, I UNDERSTAND THAT I WILL NO LONGER HAVE THE OPTION FOR A PAYMENT PLAN.**

**IF A CAPIAS PRO FINE WARRANT IS ISSUED, AN ADDITIONAL \$50.00 WARRANT FEE WILL BE ADDED TO THE REMAINDER OF THE BALANCE WITH NO FURTHER NOTICE. \_\_\_\_\_ Defendant Initials**

\_\_\_\_\_  
DEFENDANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE (CELL OR HOME)

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
Clerk Initials