



DAVID NEIGHBOR  
JUSTICE OF THE PEACE  
KENDALL COUNTY, TEXAS

32824 IH 10, WEST (physical)  
P.O. Box 425 (mailing)  
Boerne, Texas 78006

Phone: (830) 249-8404  
Fax: (830) 249-8408  
jp2@co.kendall.tx.us

**Payment Plan Request Form**

Please submit the completed form in person, by mail, email or fax in order to have your request for a payment plan processed. **Requests without your plea checked or a physical signature will not be processed.**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

I give my consent for the court to send all correspondence by email, and I understand I will no longer receive mail correspondence. **Email:** \_\_\_\_\_

**Cause Number:** \_\_\_\_\_

**Offense:** \_\_\_\_\_

Plea of Nolo Contendere (No Contest)

I, \_\_\_\_\_ am appearing to enter my plea of Nolo Contendere (no contest) on the complaint to the above listed offense. I waive my right to a jury trial, and agree to pay the fine and costs assessed. I understand that my plea will result in a conviction.

Plea of Guilty

I, \_\_\_\_\_ am appearing to enter my plea of Guilty to the complaint on above listed offense. I waive my right to a jury trial, and agree to pay the fine and costs assessed. I understand that my plea will result in a conviction.

I am requesting a payment plan for the fines/costs assessed. I understand if my fines/fees are not paid in full by the 31<sup>st</sup> day after the date in which a judgment is entered, a \$15-time payment fee will be added to the balance due (Tex. Crim. Proc. Ann. § 102.030). Payment of the fine and costs constitutes satisfaction of the judgment and waiver of the right to appeal.

**Please select one item:**

I will pay \$ \_\_\_\_\_ every \_\_\_\_\_ **week** \_\_\_\_\_ **bi-weekly** \_\_\_\_\_ **monthly** starting on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date