



Lake Worth Municipal Court  
3805 Adam Grubb  
Lake Worth, Texas 76135  
817.255.7910  
fax 817.237.1333  
[www.lakeworthtx.org](http://www.lakeworthtx.org)

STATE OF TEXAS  
VS.

DEFENDANT NAME: \_\_\_\_\_

CITATION NUMBER: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

**REQUEST FOR 90 DAYS EXTENSION TO PAY AND WAIVER OF TRIAL**

*(You MUST provide a copy of a valid DL or picture ID along with this request or it will be DENIED)*

I, the above defendant in this case, hereby make my motion for time to pay in this matter. In connection with this motion, I enter a plea of: **(mark one)**       GUILTY      or       NOLO CONTENDERE (No Contest)

I hereby waive my right to a jury trial or a hearing by the court and I further understand that by entering this plea I am acknowledging either that the State has complied with all of my requests for discovery or that I have made no such requests.

I am unable to pay my fine and court costs in full today and I am requesting a 90 day extension to pay my citation in full. By signing below, **I affirm I understand the following:**

- once I enter a plea it cannot be changed or removed;
- by requesting this extension, I **waive my right** to a trial and forfeit the option of Driver's Safety Course or Deferred Disposition;
- there **will be** a \$25.00 Time Payment Fee added to each charge and a \$7.50 collection fee to each charge if my case is in collection status;
- **NO further extensions will be granted.** If I am unable to pay, I must appear in the court office on or before my due date and set my case for a Show Cause Hearing to discuss any additional time to pay with the Judge. I understand that at any time after my due date a warrant for my arrest may be issued if I have not appeared at the court office and set my case for a court date;
- I may pay in cash, check (except for cases in warrant), money order, cashier's check or credit/debit card in person, by mail, in the night drop (open 24-hours), or online by credit/debit card at the court's website. Additional fees will apply to credit/debit payments,

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Email Address

**Mail form to: Lake Worth Municipal Court  
3805 Adam Grubb  
Lake Worth, Texas 76135**

**Fax form to: 817-237-1333 Attn: Municipal Court**

**Call to verify form received**

Extension information will be mailed to the address provided

(Court Clerk Initial and Date) Rcvd By: \_\_\_\_\_ Date: \_\_\_\_\_