



TRAFFIC CITATION PLEA FORM

FRANKLIN COUNTY JUSTICE COURT

Please enclose a copy of the ticket, or provide the following information:

Defendant: _____

Address: _____

Home Telephone: _____ Work Telephone _____

Employer: _____

Address: _____

Driver's License No.: _____ STATE: _____ D.O.B.: _____

Ticket No.: _____ Date Issued: _____

Offense(s): _____

***NOTE*: JUVENILES 16 YEARS OF AGE OR YOUNGER MUST APPEAR IN COURT WITH A PARENT OR GUARDIAN.**

Payment of Fine

[] I enter a plea of **GUILTY / NO CONTEST** (circle one) and waive a jury trial, and am enclosing the scheduled fine amount by **MONEY ORDER** or **CASHIER'S CHECK** payable to **FRANKLIN COUNTY** (Please call 903-537-2342, Ext 1 for Fine Amount).

Defendant's Signature

Date

Plea of Not Guilty

The undersigned enters a plea of "**NOT GUILTY**". My case will set on the court's docket. I will be notified by the court of the scheduled date for my case. I **WILL** keep the court aware of my current address at all times.

[] I enter a plea of "NOT GUILTY" and insist on a trial by jury.

[] I enter a plea of "NOT GUILTY" and waive a jury trial and wish my case to be heard by the court.

Defendant's Signature

Date

