

Phone: 940.538.6531

Office of Justice of the Peace Clay County, Texas

MOTION FOR CREDIT FOR TIME SERVED

Defendant's Name:				
Address:				_
City:	State	Zip	Phone	:
Citation Number: Charge:				
Citation Number: Charge:				
Citation Number: Charge:				
To consider your request, the 1. A plea of either guilty or no 2. OFFICIAL DOCUMENTAT ◆ The specific name of ◆ When you began you ◆ The date your incare	olo contendere TON stating: of the facility a our incarceration	nd location whe	re you are/were incar	-
appearance in the above refeto prove my guilt beyond a rusubpoena witnesses. I also utake a Driver's Safety Cours contest" may result in deportated and I also understated.	erenced cause easonable dounderstand that e. I understan ation, the exclund that if I defor every deliverses	(s). I understand ubt before a judit if my offense ir d that if I am no usion from adminonot enter my inquent case I	I have the right to pl ge or jury, have the r nvolved operating a m of a citizen of the Uni ssion to this country, or citation number(s) have pending, enter	erenced case do hereby enter my ead not guilty and require the State ight to an attorney, and the right to notor vehicle, I may have the right to ted States, a plea of "guilty" or "no or the denial of naturalization under above, the Court will insert the a plea of "No Contest" on every safety.
I do herby enter a plea of	[] Guilty or	[] No Contes	st (check one) and	waive my rights to a trial by jury.
		(location)		(name of facility) located at
was released on			elease	(date).
Defendant's Signature		Date	Defendant's	Name (printed)

Fax: 940.264.4161