



**City of West  
Municipal Court**

P.O. Box 97  
West, Texas 76691-0097  
(254) 826-4607

**PLEA FORM**

CAUSE NO. \_\_\_\_\_

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Name (Print or type as it appears on your driver's license) \_\_\_\_\_ Driver's license number \_\_\_\_\_

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Current Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

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Citation No. \_\_\_\_\_ Date of Citation \_\_\_\_\_ Appearance Date \_\_\_\_\_

**CHECK ONE:**

- 1. I hereby enter a plea of **GUILTY** and waive my right to trial by jury.
- 2. I hereby enter a plea of **NOLO CONTENDERE** and waive my right to trial by jury.
- 3. I hereby enter a plea of **NOT GUILTY** and request a trial by **JURY**. I understand the Court will notify me of my trial date. Advise the court of any changes in address.
- 4. I hereby enter a plea of **NOT GUILTY** and waive my right to a jury trial and request a trial before the **JUDGE** (Bench Trial). I understand the Court will notify me by mail of my trial date. Advise the court of any changes in address.

**NOTE: JUVENILES 16 & UNDER MUST CONTACT THE COURT WITH PARENT OR GUARDIAN.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Fine Amount \_\_\_\_\_