

You must complete both this form and the Application for Deferred Disposition form

**PLEA/DEFERRED DISPOSITION REQUEST
By Mail**

Citation Number _____

I, _____, HEREBY ENTER MY PLEA OF:

Circle One of the Following:

- Nolo Contendere
- Guilty

TO THE ABOVE NUMBERED CASE AND REQUEST THAT I BE GRANTED DEFERRED DISPOSITION. I HAVE NOT HAD DEFERRED DISPOSITION IN THE CITY OF ARLINGTON WITHIN THE PAST 12 MONTHS AND I HAVE ENCLOSED THE ADMINISTRATIVE FEE IN THE AMOUNT OF \$_____.

Today's Date:

Defendant's
Signature _____

FOR OFFICE USE ONLY

THE DEFENDANT'S PLEA OF NOLO CONTENDERE (OR) GUILTY HAS BEEN ACCEPTED AND THE COURT FINES THE DEFENDANT \$_____.

ACCEPTED PLEA:

THE DEFENDANT'S REQUEST FOR DEFERRED DISPOSITION HAS BEEN ACCEPTED. THE JUDGMENT IN THIS CASE IS DEFERRED FOR 90 DAYS. YOUR DUE DATE IS _____. IF YOU DO NOT RECEIVE A TICKET BEFORE YOUR DUE DATE, THE FINE IS SUSPENDED AND YOUR PAYMENT WILL BE ACCEPTED AS AN ADMINISTRATIVE FEE ON YOUR DUE DATE.

THE FINE IS SUSPENDED AND YOUR PAYMENT WILL BE ACCEPTED AS AN ADMINISTRATIVE FEE ON YOUR DUE DATE.

PLEA DENIED:

THE DEFENDANT'S REQUEST FOR DEFERRED DISPOSITION HAS BEEN DENIED AND THE COURT FINDS THE DEFENDANT GUILTY. YOUR PAYMENT WILL BE ACCEPTED AS THE FINE FOR THE CITATION.

Judge's Signature _____ Date _____

Mailing Address: Arlington Municipal Court
Mailstop 63-0100
P.O. Box 90403
Arlington, Texas 76004-3403
Telephone: 817-275-5970

