

THE STATE OF TEXAS

VS.

PATRICK J. DALY JP PCT 2
DIANA MCGINNIS, CHIEF CLERK
301 N. LIVE OAK ROOM 113
ROCKPORT, TX 78382
361-790-0131 OFF. 361-790-0125 FAX

ON EACH ONE OF THE CHARGES , I AM PLEADING NO CONTEST/ GUILTY

SCHEDULE PAYMENT AGREEMENT

DOCKET # _____ } FINE \$ _____
CHARGE : _____ }

DOCKET # _____ } FINE \$ _____
CHARGE : _____ }

DOCKET # _____ } FINE \$ _____
CHARGE : _____ }

STATE FEE for payment plan _____ X \$25 FOR EACH } FEE \$ _____
CHARGE

TOTAL FINE DUE \$ _____

\$ _____ @ MONTHLY / BIMONTHLY / WEEKLY :

FOR MONTHLY PAYMENT ONLY :

PAYMENT DUE ON OR BEFORE THE _____ DAY OF EACH MONTH PAYABLE TO
JUDGE PATRICK DALY, PCT 2.

PAYMENT IS TO START _____.

This is your formal notice that in the event you fail to make each payment on time pursuant to this installment agreement , then you are required to appear at this Court at 10:00 A.M. on the same date your payment is due each month . The purpose of this hearing is for you to show cause why you failed to make your payment . In the event you fail to appear , then a warrant for your arrest will be issued and you failing to appear will result in a failure to appear charge being filed against you .

I hereby acknowledge the receipt of a copy of the SCHEDULE PAYMENT AGREEMENT and CONTINUANCE AGREEMENT (notice of hearing date (s)) and I understand and agree that I will appear on each date of each payment. If I fail to make the required payment (s) warrants will be issued for my arrest. In addition to warrants being issued, the right to renew my drivers license will be denied.

DEFENDANT'S SIGNATURE

DATE

MAILING ADDRESS

PHYSICAL ADDRESS

CITY , STATE, ZIP

EMPLOYER NAME

TELEPHONE NUMBER

EMPLOYER'S ADDRESS

SOCIAL SECURITY NO.