



City of Manor Municipal Court  
105 E. Eggleston, PO Box 589, Manor, Texas 78653  
Office: 512-272-8178 Fax: 512-272-8636

**ATTENTION DEFENDANT:**

To request a payment plan for your case(s), please fully complete and submit the attached documents (**do not leave anything blank**). You must complete a plea form for each case your are requesting to be added to the payment plan agreement. If additional plea forms are needed, please visit the "FORMS" page on this website :

You may submit by one of the following options:

- 1) Email: [court@manortx.gov](mailto:court@manortx.gov)
- 2) Mail: Po Box 589  
Manor, TX 78653
- 3) Fax: 512-272-8636
- 4) Drive thru: 105 E. Eggleston St., Manor, TX 78653

**If you have any questions, please contact the court at 512-272-8178**

STATE OF TEXAS

§ CAUSE NUMBER(S):

vs.

§  
§

Defendant

Plea Form

I wish to enter a plea of (Deseo entrar en una declaración de):

Guilty/Culpable

I understand that I have a right to a jury trial. I do hereby plead guilty to the charge as alleged, waive my right to a jury trial or hearing by the court, and agree to pay the fine and costs the judge assesses. If I fail to present within the deferral period satisfactory evidence of compliance with the requirements imposed by the judge I will be set for a show cause hearing that may result in a conviction appearing on my criminal record or driver's license record.

Entiendo que tengo derecho a un juicio con jurado. Por la presente me declaro culpable del cargo que se alega, renuncio a mi derecho a un juicio por jurado o una audiencia en el tribunal, y acepto pagar la multa y los costos que el juez evalúa. Si no presento dentro del periodo de diferimiento, evidencia satisfactoria del cumplimiento de los requisitos impuestos por el juez, se me asignará una audiencia de causa justificada que puede dar lugar a una condena en mi registro de antecedentes penales o de licencia de conducir.

No Contest/Ninguna Competencia

I have been informed of my right to a jury trial and that my signature on this plea of No Contest (I am not contesting the charge as alleged) will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby plead No Contest to the charge as alleged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs the judge assesses. If I fail to present within the deferral period satisfactory evidence of compliance with the requirements imposed by the judge I will be set for a show cause hearing that may result in a conviction appearing on my criminal record or driver's license record.

Me han informado de mi derecho a un juicio con jurado y que mi firma en este motivo de Ninguna Competencia (Yo no estoy disputando el cargo como se alega) tendrá la misma fuerza y efecto que una declaración de culpabilidad en el fallo de la Corte. Por la presente declaro ninguna competencia al cargo como se alega, renuncio a mi derecho a un juicio por jurado o audiencia ante el Tribunal, y acepto pagar la multa y los costos que el juez evalúa. Si no presento una prueba satisfactoria del cumplimiento de los requisitos impuestos por el juez, se me presentará para una audiencia de causa justificada que podría dar lugar a una condena en mi registro penal o en el registro de la licencia de conducir.

I have read and understand my plea (He leído y entendido mi súplica).

Date (Fecha): \_\_\_\_\_

Defendant Signature (Firma del acusado): \_\_\_\_\_

Mailing Address (Direccion): \_\_\_\_\_

City (Ciudad): \_\_\_\_\_ State (Estado): \_\_\_\_\_

Zip (Codigo Postal): \_\_\_\_\_

Phone # (Numero): \_\_\_\_\_

Email (Correo Electrónico): \_\_\_\_\_

**CITY OF MANOR MUNICIPAL COURT**  
**Application and Financial Affidavit for Time Payment Plan**

Please COMPLETE ALL information and print legibly. **DO NOT LEAVE ANY BLANKS.**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Your residence is (Check One): Rented  Owned  Rent-Free   
Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Driver's License # or ID # and State: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Marital Status (Check One): Married  Single  Divorced  Widowed  # of Dependents living with you: \_\_\_\_\_  
Nearest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Employer's Telephone Number: \_\_\_\_\_  
List the source and amount of any other income you receive: \_\_\_\_\_  
\_\_\_\_\_

**SPOUSE AND DEPENDENTS INFORMATION:**

Spouse's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Spouse's Job Title: \_\_\_\_\_  
Spouse's Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Spouse's Employer's Telephone Number: \_\_\_\_\_  
List all your dependents, their ages, and their relationship to you: \_\_\_\_\_  
\_\_\_\_\_

**ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:**

a. Home mortgage payment, rent, or lot rental for trailer: \$ \_\_\_\_\_  
b. Utilities (electricity, water, gas, telephone): \$ \_\_\_\_\_  
c. Food and sundries: \$ \_\_\_\_\_  
d. Medical, dental, and drug expenses: \$ \_\_\_\_\_  
e. Insurance (auto, life, medical, homeowners/renters): \$ \_\_\_\_\_  
f. Transportation, including auto payments: \$ \_\_\_\_\_  
g. Alimony or support payments: \$ \_\_\_\_\_  
h. Other expenses (use reverse side if necessary): \$ \_\_\_\_\_

**LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH**  
(Use reverse side if necessary):

\_\_\_\_\_ \$ \_\_\_\_\_ \$  
\_\_\_\_\_ \$ \_\_\_\_\_ \$

**ACKNOWLEDGEMENT AND DECLARATION**

**YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.**

- \_\_\_\_\_ I promise that I will notify this Court in person or by first-class mail (mail to P.O. Box 589, Manor, TX 78653) of any changes of my address or telephone number within five (5) days of the change.
- \_\_\_\_\_ I understand that I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.
- \_\_\_\_\_ I understand that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a \$25 time payment fee if citation is issued on or before 12/31/19, if citation was issued on or after 1/1/20 the Time Payment Reimbursement fee will be \$15 (Section 133.103, Local Government Code).
- \_\_\_\_\_ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code). I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

Defendant's Signature \_\_\_\_\_ Date: \_\_\_\_\_