

**EXTENSION REQUEST FORM**

CITATION # \_\_\_\_\_

STATE OF TEXAS  
VS

IN THE MUNICIPAL COURT  
CITY OF ALVIN  
BRAZORIA COUNTY, TEXAS

\_\_\_\_\_  
(Defendant's Name)

I the above stated defendant, acknowledge that I am a pro se defendant, and the prosecution has maintained on open file in this case with the opportunity to view and inspect the State's file and its contents in this case, including offense materials and statements, prior to entering a plea or trial. Herein is a list all contents provided to me: \_\_\_\_\_

I enter a plea of \_\_\_\_\_ (Guilty) or \_\_\_\_\_ (No Contest) and understand I have been found guilty of VIOLATION(s): \_\_\_\_\_ and am requesting a **ONE-TIME EXTENSION TO PAY THE FINE**. The Court having heard the evidence is of the opinion that the Defendant is GUILTY as charged. It is therefore ordered, adjudged and decreed that the State of Texas, for the use and benefit of the City of Alvin, Brazoria County, Texas, do have and recover of the Defendant all fine and all costs, for which execution will issue, and in default of payment, that the Defendant be committed to jail until said fine and costs are paid.

If the defendant fails to comply, a citation for Contempt of Court will be filed, and a Capias Pro fine warrant will be issued for the Defendant's arrest.

The Signature Below Certifies That The Defendant Understands The Acknowledgement, That The Court Will Enter Judgment Against Him/Her upon receipt of this request, Understands All The Provisions Of This Order, And That Failure To Pay On Or Before Your Extension Date Will Result In The Total Fine Amount Due In Full. In Addition To Other Fine and Cost Increases, an Additional \$25.00 Late Fee Per Charge Will Be Added.

I am faxing this request before my Court Appearance Date on My Citation. Any failure in electronic transmission of this fax is the sole responsibility of the defendant to verify that the Court did receive this fax. I Have Read, Understand and Will Abide By the Above Order. I understand my extension begins upon the Courts receipt of this fax.

\_\_\_\_\_  
DL #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
ADDRESS

**EXTENSION DUE DATE:** \_\_\_\_\_ \* **AMOUNT DUE: \$** \_\_\_\_\_ \*

FAX THIS FORM WITH A COPY OF YOUR CITATION AND DRIVER'S LICENSE/PHOTO IDENTIFICATION CARD BEFORE YOUR COURT APPEARANCE DATE ON THE CITATION.

\*Contact court for your exact extension due date and amount. 281-388-4250

**(Keep a Copy of this form for your records)**