

**HILLSBORO MUNICIPAL COURT**

115 SOUTH WACO STREET, P. O. BOX 568  
HILLSBORO, TEXAS 76645  
PHONE: (254) 582-9634 FAX: (254) 582-3199

**REQUEST FOR EXTENSION TO PAY**

I, \_\_\_\_\_, do hereby enter my appearance on the complaint of the offense,  
to wit: \_\_\_\_\_,  
charged in Municipal Court Cause Number \_\_\_\_\_. I understand that I have a right to a jury trial and that my  
signature to this plea of guilty will have the same force and effect as a judgment of the Court. I do hereby plead guilty to the  
offense as charged, waive my right to a jury trial or hearing by the Court, and request a 30 day extension to pay the fine  
assessed of \$ \_\_\_\_\_. I understand that my plea may result in a conviction appearing on either a criminal record  
or a driver's license record. I understand that failure to pay the fine in full by the 30<sup>th</sup> day will result in a \$25 late fee  
being assessed and may result in a warrant being issued for my arrest and additional fees being added. The fine is due  
in full on or before \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address:

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
City, State, Zip:

\_\_\_\_\_  
Work Phone #

*Approved by:*

\_\_\_\_\_  
Judge Dave Heald

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

This form should be completed on or before the appearance date as shown on your citation. Please print clearly and complete all blanks, sign and return to Hillsboro Municipal Court by mail, fax or in person. The 30 day extension will begin on the date the request is received by the Court. Please contact the Court if you have any questions.