HILLSBORO MUNICIPAL COURT
115 SOUTH CHURCH STREET, P. O. BOX 568
HILLSBORO, TEXAS 76645
PHONE: (254) 582-9634 FAX: (254) 582-3199
E-MAIL: hmc@hillsborotx.org

CAUSE NUMBER: _____

STATE OF TEXAS	**§**	**IN THE MUNICIPAL COURT**
VS.	**§**	**CITY OF HILLSBORO**
_____	**§**	**HILL COUNTY, TEXAS**

PLEA OF NOT GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense, to wit:

_____

charged in Municipal Court Cause Number _____. I plead not guilty.

Initial One:

_____ I request a **jury trial**.

_____ I waive my right to a jury trial and request a trial before the Court.

Court Date: _____ Initials_____

Location: Hillsboro Municipal Court 115 S Waco Hillsboro Texas 76645

_____ _____
Defendant's Signature Date Home Telephone Number

_____ _____
Mailing Address Work Telephone Number

_____
City, State, Zip

_____
Email Address