

**WAIVER OF TRIAL, GUILTY PLEA
(WITH PAYMENT OF FINE AND COSTS)**

Ticket /Complaint Numbers(s)

Court Date

Phone

I waive my right to a trial, and plead guilty to the offense(s) charged. I have enclosed payment required by the Fine/Cost Schedule. I understand that the full payment must be received by 4:00 P.M. on the business day **before** the Court date stated in the ticket(s)/complaint(s) and that a late fee of \$25 is due if payment is not timely received by the Court. If applicable, include the \$25.00 payment.

Signature of Defendant

Printed Name of Defendant

Amount Due per	Offense 1	Offense 2	Late fee (if applicable)
Fine/Cost Schedule \$	_____	_____	_____
Total Due	\$ _____		

Method of Payment: Money Order Check Credit/Debit Card
(MasterCard/Visa only)

I state that I am the Card Holder or authorized user of the below described credit/debit card and this is my authorization for a credit/debit card charge on my account as described below.

Card Number _____

CVV Number _____ Exp. Date _____

Card Holder Name _____

Signature of Card Holder/Authorized User

Printed Name