

JUSTICE OF THE PEACE GOLIAD COUNTY, TEXAS

Susan Moore

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**OFFICE HOURS: 7:30 a.m. – 5:00 p.m. Monday – Thursday
7:30 a.m. – 12:00 p.m. Friday**

1. This letter is furnished as a courtesy to you by the Justice Court of Goliad County to assist you in making disposition of the charge(s) filed against you.
2. IF YOU WISH TO ENTER A PLEA OF **"NOT GUILTY"** and desire a trial, please indicate in the proper space provided below. You shall be notified by mail of your Court Date.
3. IF YOU WISH TO ENTER A PLEA OF **"GUILTY"** OR **"NOLO CONTENDERE"**, please indicate in the proper space below. Either plea indicates that you agree to waive appearance before the Court for trial.
4. You may refer to the fine schedule on the opposite side of this form to determine the amount of the fine and costs. It will be necessary to contact the Court for the amount of the fine and court cost for any offense not appearing on the fine schedule. Make your remittance by **MONEY ORDER, CASHIER'S CHECK OR CREDIT/DEBIT CARD (MASTERCARD OR VISA)** to the appropriate Justice of the Peace circled at the top of this page. Please return a copy of the citation along with the completed reply form below with to assure proper credit.
5. IF YOU FAIL TO RESPOND TO THE CHARGE(S) BY THE APPEARANCE DATE SHOWN ON THE CITATION, an additional charge may be filed against you for **"FAILURE TO APPEAR"** AND A WARRANT MAY BE ISSUED FOR YOUR ARREST. The minimum fine for FAILURE TO APPEAR IS **\$200.00** plus court cost pursuant to the Transportation Code Sec. 543.009.

REPLY FORM

CHECK ONE:

I hereby enter a plea of **"NOT GUILTY"** and request a trial by () Judge or () Jury. **THE JUDGE IS PROHIBITED BY LAW FROM DISCUSSING THE FACTS OF A CASE PRIOR TO THE COURT DATE!**

I hereby enter a plea of () **GUILTY** or () **NOLO CONTENDERE** (no contest) and have waived appearance for a trial. A Cashier's Check or Money Order in the amount of the fine and court cost is enclosed.

I hereby enter a plea of () **GUILTY** or () **NOLO CONTENDERE** (no contest) and request to pay the entire fine and court cost in partial payments. Please be advised that a **\$25.00** time payment fee will be added to the original fine and court cost. Upon receipt of your plea, your partial payment plan will be mailed to you.

Signature: _____ Date: _____

Mailing Address: _____