JUSTICE OF THE PEACE, MCMULLEN COUNTY TEXAS
JUDGE DEBORA GARZA
PO BOX 238
TILDEN, TEXAS 78072 (361) 274-3372
jpclerks@mcmullencounty.org

READ THIS NOTICE CAREFULLY

YOU MUST CONTACT THE COURT ON OR BEFORE THE APPEARANCE DATE AND TIME AS SHOWN ON YOUR CITATION. PLEASE READ BELOW FOR INSTRUCTIONS ON HOW TO CONTACT THE COURT THROUGH EMAIL.

FOR AMOUNT DUE, OR MORE INFORMATION YOU MUST CONTACT THE COURT.

- YOU CAN CONTACT US VIA EMAIL AT **jpclerks@mcmullencounty.org** for questions about your citation. Include your Name, Driver's License Number, and date of birth.
- By mail → complete the mail appearance form below and return to PO Box 238, Tilden Texas 78072
- If you are requesting a DEFFERED DISPOSITION, OR DRIVER'S SAFETY COURSE, contact the court before starting either options or making a payment.

*****YOU WILL NOT BE ALLOWED TO SPEAK WITH THE JUDGE; IN ALL CASES THE JUDGE CANNOT DISCUSS ANY ASPECTS OF THE CHARGES AGAINST YOU. THE LAW FORBIDS THESE "EX PARTE COMMUNICATIONS" INCLUDING CONTACT OUTSIDE OF THE COURT.*****

ACCEPTABLE FORMS OF PAYMENT: CASH AND PERSONAL CHECKS ARE NOT ACCEPTED
ONLY MONEY ORDER, CASHIERS CHECK, OR CREDIT / DEBIT CARD PAYMENT WILL BE ACCEPTED.
TO PAY ONLINE - **www.certifiedpayments.net**, BY TELEPHONE CALL - **1-866-549-1010.**
YOU MUST ENTER THE **BUREAU CODE # 6743619**. **YOUR DRIVERS LICENSE NUMBER THE REFERENCE NUMBER.**
WHEN MAKING YOUR PAYMENT BE SURE TO ENTER ALL INFORMATION CORRECTLY. WE ARE NOT RESPONSIBLE FOR PAYMENTS INCORRECTLY ENTERED BY YOU. A 2.85% CONVENIENCE FEE WILL BE CHARGED TO YOU BY CERTIFIED PAYMENTS.

MAIL APPEARANCE FORM

DRIVER MUST COMPLETE THIS FORM REGARDLESS OF WHO PAYS THE CITAION

INITIAL ONE:

_____ I hereby enter a plea of **NOT GUILTY.** I will be notified of a court date and will appear on that date. For correspondence purposes, I am providing the court with a correct mailing address and I will be held responsible for notifying the court with any changes of address herein.

_____ I hereby enter a plea of **GUILTY,** I waive appearance for trial; I hereby waive my right to an attorney. Total amount due is enclosed.

_____ I hereby enter a plea of **NO CONTEST.** I waive appearance for trial; I waive my right to an attorney. Total amount due is enclosed.

SIGNATURE:_____ DATE:_____

PRINT NAME:_____ D.L..#_____

MAILING ADDRESS: _____CITY, STATE, ZIP_____

PHONE NUMBER#_____ EMAIL: _____