

30 DAY EXTENSION TO PAY REQUEST FORM

**Email to: courtstaff@ci.boerne.tx.us,
Mail to: Boerne Municipal Court, 124 Old San Antonio Rd, Boerne Texas 78006
or fax to 830-331-9465)**

Citation #: _____

I hereby enter my plea of **No Contest**, waive my right to a jury trial, and request thirty days to pay my fine/costs in full. I understand this offense will be reported as a conviction. I understand the court will mail my extension due date to the address I provide below. I also understand that if I fail to pay by the due date, a onetime \$15.00 fee will be added AND I will be set for a show cause hearing with the judge for non-compliance. My failure to appear at the show cause hearing will result in a warrant being issued for my arrest and my driver's license being suspended.

Print Name: _____

Mailing Address: _____

Phone #: _____

Driver's License #: _____

DOB: _____

Defendant's Signature

Date