



Castle Hills Municipal Court  
209 Lemonwood Dr.  
Castle Hills, TX 78213  
210-293-9679  
[court@castlehills-tx.gov](mailto:court@castlehills-tx.gov)

### Time Payment Request Form

With a plea of No Contest, you may request that you be granted a payment plan to pay the costs and fees associated with your violation(s). With the plea of No Contest it will have the same force and effect as a plea of Guilty and will result in a conviction. You will need to use the attached request form and file your request with the court. Only one request form may be used per violation.

Filings may be submitted by the following ways on or before your scheduled court appearance date:

- Clerk's Office from 8:00 am to 4:00 pm Monday through Friday excluding holidays
- Emailing your request to [court@castlehills-tx.gov](mailto:court@castlehills-tx.gov)
- Postal mail to the court address listed above. Please address the envelop to Attention Municipal Court

Other important items to know about this request are as follows:

- Payment plans are approved for 30 days to pay all costs and fines accessed
- If you request a payment plan and a balance is unpaid, on the 31<sup>st</sup> day after the payment plan was processed a \$15.00 Time Payment Reimbursement Fee (Art. 102.030 C.C.P. will be accessed



Castle Hills Municipal Court  
209 Lemonwood Dr.  
Castle Hills, TX 78213  
210-293-9679  
court@castlehills-tx.gov

Time Payment Request Form

I \_\_\_\_\_ have been charged with the offense of \_\_\_\_\_ in the Castle Hills Municipal Court. I do hereby enter my appearance and plea of NO CONTEST to the offense charged, and request that the court grant my request for Time to Pay (payment plan).

I understand that I have the right to a jury trial and by completing and filing this request form with the Castle Hills Municipal Court I am waving my right to a jury trial.

I understand I have a right to be represented by an attorney and by completing and filing this request form with the Castle Hills Municipal Court I am waving my right to an attorney.

I understand that if I have an outstanding balance of costs or fine after 30 days, a \$15.00 Time Payment Reimbursement Fee (Art. 102.030 C.C.P. will be accessed).

I understand it is my responsibility to contact the court if I am unable to pay the assessed costs and fine by the due date of the Time to Pay order.

Please send all court responses and all documents to the address provided on this form. It is my responsibility to provide the court with accurate contact information. If at any time my contact information changes it is my responsibility to notify the court in **writing within seven days.**

Citation Number: \_\_\_\_\_

Driver's License or State Issued Identification Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

- IF YOU ARE SUBMITTING YOUR REQUEST VIA EMAIL OR POSTAL MAIL YOU WILL NEED TO INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD.
- THIS FORM CAN ONLY BE USED FOR ONE MOVING VIOLATION,
- INCOMPLETE REQUESTS WILL NOT BE ACCEPTED,
- THIS FORM CANNOT BE USED FOR CASES IN WARRANT OR COLLECTIONS STATUS.