

REPLY FORM DEFERRED DISPOSITION

PLEASE PRINT OR TYPE:

Name _____

Citation # _____ Date of Citation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone _____ Home Phone _____

Check One:

- I hereby enter a plea of **GUILTY** and waive appearance for trial and request deferred disposition
- I hereby enter a plea of **NOLO CONTENDERE (No Contest)** and waive appearance for trial and request deferred disposition

SIGNATURE (By typing your name above, you are agreeing to the Terms & Conditions of the requested agreement)

DATE

Enclose a copy of your TX Driver's License or a picture ID.

Return form on or before your appearance date (30 days from date of citation).

Check One:

- I request a copy of my deferred order to be **mailed** to the email address provided above.
- I request a copy of my deferred order to be **mailed** to the current address provided above.

MAILING ADDRESS:

Cedar Hill Municipal Court
285 Uptown Blvd.
Cedar Hill, TX 75104

FAX:

972-291-5113

EMAIL ADDRESS:

Court@cedarhilltx.com

*PLEASE NOTE THIS FORM WILL NEED TO BE DOWNLOADED, COMPLETED & THEN CLICK TO SUBMIT.