

Courtesy Reply Letter
Lyford Municipal Court
HONORABLE JUAN SALINAS JR.
13550 MAIN AVENUE

Phone (956) 347-3250

P.O. Box 310 Lyford, Texas 78569

Fax (956) 347-3064

Email: cityoflyford@lyfordtx.us

Payments can be made at <http://lyfordtx.us>

YOU HAVE UNTIL THE DATE ON THE CITATION TO MAKE AN APPEARANCE BEFORE THE COURT REGARDING THE CHARGE(S) FILED AGAINST YOU. YOU MUST APPEAR IN PERSON OR BY CERTIFIED MAIL. A TELEPHONE CALL DOES NOT CONSTITUTE AN APPEARANCE. Find legal information or forms at: www.texascourthelp.gov/ or www.sll.texas.gov

IF YOU WISH TO ENTER A PLEA OF GUILTY OR NO CONTEST please indicate on the reply form below. A plea of no contest means you do not contest the charge(s) against you. The fin for no contes plea is the same as for a plea of guilty. Either plea indicates that you agree to waive appearance before the court for trial. Please refer to the to the fine schedule shown below to determine the amount of fine(s) and cost accepted by the Court. If your violation is not listed below, contact the Court for the amount of fine. **PURSUANT TTO CHAPTER 39 OF THE CRIMINAL CODE OF PROCEDURE**, by paying the fine you are waiving your right to receive discovery information pertaining to your case. To request discovery for your case, you must follow the rules of the Texas Criminal Code of Procedure.

TO PAY IN FULL, please complete the reply form below and mail with payment to the above address. **Do not mail cash or personal check.**

TO REQUEST TO TAKE A DRIVING SAFETY COURSE OR DEFERED DISPOSTION, submit the required form found on the back by the appearance date on the citation. Missed item will result in denial of the request. These options are available to you if you qualify so that the moving violation does not go on your driving record.

TO REQUEST A 30 DAY EXTENSION, please complete the reply form below. **Defendants requesting payment plans for more than 30 days are required to appear before the judge for an indigence hearing on the 4th Thursday of the month at 10:00 a.m. To make alternative payment arrangements, you must appear in person on your court date.**

IF YOU WISH TO ENTER A PLEA OF NOT GUILTY and desire a trial, pleas indicate on the reply form and mail your plea along with a self-addressed stamped envelope to the Court on or before the appearance date on the citation. You will be notified by mail when you must appear for pretrial an any other required procedures. You have the right to trial by jury or judge, if you so request.

IF YOU FAIL TO RESPOND TO THE CHARGE(S) by the appearance date on the citation, an additional charge will be assessed against you for "Failure to Appear" or "Violation Promise to Appear" (\$281.00) and warrants will be issued for your arrest. Warrant fees of \$50.00 each will be assessed for executing or processing a warrant. If you fail to appear in court as required by law for prosecution of the offense(s), you may be denied the renewal of your driver license and assessed additional fees. This Court used Linebarger, Goggan, Blair and Sampson to collect delinquent cases and collection fees are added by the firm.

JUVENILES-SUMMONS TO PARANT/GAURDIAN OF JUEvenile: State law requires that juveniles age 16 years and under appear before the judge in person with a parent or legal guardian. A summons to the parent/guardian will be mailed with official date. Failure to the parent/guardian to appear with the juvenile on the appearance date on the citation may result in arrest and is a class C misdemeanor. A child and parent required to appear before the court have an obligation to provide the court in writing with the current address and residence of the child. The obligation does not end when the child reaches age 17 years. On or before the 7th day after the child or parent changes residence, the child or parent shall notify the court of their current address in the manner directed by the court. A violation of this subsection may result in arrest and is a Class C Misdemeanor. The obligation to provide notice terminates on discharge and satisfaction of the judgement on final disposition not requiring a finding of guilt.

MINORS: State law requires that all minors (under 21 years) that are charged with alcohol/tobacco related offenses must appear before the judge.

REPLY FORM

Mail complete reply form to Lyford Municipal Court, P.O. Box 310, Lyford, TX 78569. Enclose a self-addressed, stamped envelope if you need a receipt. Make money orders payable to the Lyford Municipal Court. Credit Card payments (Visa MasterCard & Discover-fees apply) are accepted online at <http://www.lyfordtx.us> . Juveniles 16 and under must appear in court with a parent or guardian.

Name (Print or type as it appears on your driver's license)	Driver's License Number	Email address
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Current mailing address	City/State/Zip	Telephone Number	Citation Number
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- I hereby enter a plea of **GUILTY or NO CONTEST** (circle one) and waive appearance for trial. My full payment is enclosed.
- I hereby enter a plea of **GUILTY or NO CONTEST** (circle one) and waive appearance for trial. I request a 30-day extension. The defendant shall pay an additional \$15. (on the 31st day from the date of request) pursuant to Section 133.103 Local Government Code.
- I hereby enter a plea of **NOT GUILTY** and enclosed a self-address stamped envelope to be notified by the Court of my pre-trial date.

Signature: _____ Date: _____

Fine amount: \$ _____

DRIVER SAFETY COURSE REQUEST FORM

You may be able to request on charge (moving violation only) be dismissed by successfully completion a driver safety course or motorcycle operator training course. **You will lose that right, on or before your appearance date, if you do not provide the Court with the completed application of your request to take the course in person or certified mail return receipt requested** as per Art. 45.0511 CCP.

Name (Print or type as it appears on your driver's license) Driver's License Number Citation No.

Current mailing address City/State/Zip Telephone Number

ALL LINE ITEMS BELOW MUST BE INTIALED (Missed Items will result in denial of the request):

_____ I hereby plea _____ GUILTY OR I herby plea _____ NO CONTEST PURSUANT TO CHAPTER 39 OF THE CRIMINAL CODE OF PROCEDURE, by paying the court cost and requesting DSC you are waving your right to receive discovery information pertaining to your case. If you are requesting discovery information in regards to your case, you must follow the rules of the Texas Criminal Code of Procedure.

- _____ I possess a valid Texas driver's license or permit. I do not hold a CDL license.
- _____ I have not taken a driving safety course in lieu of paying a fine during the pas 12 months (class date to violation date).
- _____ I am not in the process of taking a course that is not yet reflected on my driving record.
- _____ I understand I cannot take the driving safety course in lieu of paying the fine if I am accused of speeding 25 miles an hour or more over the posted speed limit or accused of speeding in a construction zone at any speed.
- _____ I am providing proof of my financial responsibility (vehicle insurance) with this application.
- _____ I am providing payment with this application to Lyford Municipal Court in the amount of \$144. (or \$169. If the offense occurred in a school zone). No partial payments. **If I mail my application, I understand I need to send it via Certified Mail return receipt requested.**

_____ I understand that I have 90 days to complete a driving safety course approved by the Texas Department of Licensing & Regulations www.tdlr.texas.gov and provide the court with the original class certification (Court Copy) showing successful completion of the safety course with the name of this Court. Your signature is required on the certificate.

_____ I understand that I have 90 days to request a certified copy (form 3A) of my driving record from the Department of Public Safety and submit it to the Court. Order online at www.texas.gov or pick form the Court.

_____ I understand a fine will be assessed if I fail to provide the court with the DSC certificate and driving record within 90 days. If you have complied with the above requirements, you are eligible for the course and will not receive any further correspondence from the Court. Your signature must be signed in front of a notary Public!

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____ NOTARY PUBLIC _____

FINES:

SPEEDING: MPH OVER POSTED SPEED LIMIT
1-5. \$219.00 10% or Over Posted MPH. \$289.00 15 Over Posted MPH \$333.00 SCHOOL ZONE OFFENSE ADD \$25.00
*No Driver's License, **Fail to Present Valid Driver's License, or ***Expired Driver's License \$280.00
**Expired Registration (>60 days) \$210.00
Stop Sign \$202.00
**Seat Belt Violation (driver/pass.17+) License \$183.00
* Seat Belt Violation (passengerUnder17) \$183.00
**Child Safety Seat Violation \$158.00
***Defective Tail Light*, Stop Light, * Turn Signal * or No Light on License Plate \$202.00
***Open Container \$280.00
***Public Intoxication \$365.00
***No Liability Insurance \$339.00
** VIOLATE PROMISE TO APPEAR \$281.00
*All Other Violation See Judge

*-Charges may be dismissed if defendant remedies this defect and shows proof to the Court on or before the appearance date on the citation. An administrative fee of \$20.00 must accompany proof.
**-Charges will be dismissed upon presentation of a valid driver's license to the Court, provided this license was valid at the time citation was issued, and is presented to the court within 10 working days. An administrative fee of \$20.00 must accompany proof.
***-Charges will be dismissed upon presentation of evidence that insurance was in effect on the vehicle driven on the date of citation. An administrative fee of \$20.00 must accompany proof.

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Name (Print or type as it appears on your driver's license)	Driver's License Number	Email address
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Current mailing address	City/State/Zip	Telephone Number	Citation Number
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- I hereby enter a plea of **GUILTY or NO CONTEST** (circle one) and waive appearance for trial. My full payment is enclosed.
 - I hereby enter a plea of **GUILTY or NO CONTEST** (circle one) and waive appearance for trial. I request a 30-day extension. The defendant shall pay an additional \$15. (on the 31st day from the date of request) pursuant to Section 133.103 Local Government Code.
 - I hereby enter a plea of **GUILTY or NO CONTEST** (circle one) and waive appearance for trial. I request a payment plan. Date payments to begin (on or before 30 days) _____ Amount per month I will pay _____.
- The defendant shall pay an additional \$15. (on the 31st day from the date of request) pursuant to Section 133.103 Local Government Code.
- I hereby enter a plea of **NOT GUILTY** and enclosed a self-address stamped envelope to be notified by the Court of my pre-trial date.

Signature: _____ Date: _____ Fine amount: \$ _____