

# JUSTICE of the PEACE COURTS of LAMPASAS COUNTY, TEXAS

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Justice of the Peace #1  
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Closed 12-1

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Business Hours 8am-5pm  
Closed 12-1

## **READ ALL OF THE FOLLOWING BEFORE CALLING THE COURT!**

**PLEASE NOTE: The Judge cannot discuss the merits of a pending judicial proceeding prior to trial (Canon 3(B)(5). Code of Judicial Conduct).**

THIS LETTER IS FURNISHED AS A COURTEST TO YOU BY THE JUSTICE COURTS OF LAMPASAS COUNTY, TEXAS TO ASSIST IN MAKING DISPOSITION OF THE CHARGE(S) AGAINST YOU.

- 1. A PHONE CALL DOES NOT CONSTITUTE AN APPEARANCE. ALL REQUESTS MUST BE IN WRITING.**
- IF YOU WISH TO ENTER A PLEA OF GUILTY OR NOLO CONTENDERE, PLEASE INDICATE IN THE PROPER SPACE PROVIDED, A PLEA OF NOLO CONTENDERE MEANS THAT YOU DO NOT WISH TO CONTEST THE STATE'S CHARGE(S) AGAINST YOU. THE PLEA OF NOLO CONTENDERE HAS THE SAME FORCE AND EFFECT AS A PLEA OF GUILTY. EITHER PLEA INDICATES THAT YOU AGREE TO WAIVE APPEARANCE BEFORE THE COURT FOR TRIAL. YOU MUST REFER TO THE SCHEDULE OF FINES TO DETERMINE HOW MUCH THE TOTAL AMOUNT OF YOUR FINE(S) AND COSTS ASSESSED AGAINST YOU ARE.
- IF YOU WISH TO ENTER A PLEA OF NOT GUILTY AND DESIRE A TRIAL, YOU MUST INDICATE IN THE SPACE PROVIDED. YOU WILL BE NOTIFIED BY MAIL OF THE COURT DATE ONCE IT'S SET. EVERYONE WILL HAVE A PRETRIAL HEARING PRIOR TO A NONJURY OR JURY TRIAL BEING SET.
- MAKE YOUR REMITTANCE BY CASHIER'S CHECK OR MONEY ORDER ONLY (**NO PERSONAL CHECKS ACCEPTED!!!**) MADE PAYABLE TO LAMPASAS COUNTY. DO NOT MAIL CASH! RETURN A COPY OF YOUR CITATION AND THIS LETTER WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT. CREDIT CARD PAYMENTS (ADDITIONAL FEES WILL APPLY):  
BRISTER: [WWW.CERTIFIEDPAYMENTS.NET](http://WWW.CERTIFIEDPAYMENTS.NET) BUREAU CODE: 8997893  
HAUSE: [WWW.CERTIFIEDPAYMENTS.NET](http://WWW.CERTIFIEDPAYMENTS.NET) BUREAU CODE: 8871463  
WAKEMAN: [WWW.GOVREC.COM](http://WWW.GOVREC.COM)
- TO RECEIVE A PRINTED RECEIPT FROM THE COURT OF YOUR PAYMENT OR CORRESPONDENCE BACK, YOU MUST ENCLOSE A SELF-ADDRESSED-STAMPED ENVELOPE.
- IF YOU HAVE NOT REACHED YOUR 17<sup>th</sup> BIRTHDAY ON THE DAY YOU RECEIVED YOUR CITATION, YOU MUST APPEAR IN PERSON WITH YOUR PARENT OR LEGAL GUARDIAN. PLEASE CONTACT THE COURT FOR AN APPOINTMENT.
- IF YOU FAIL TO RESPOND TO THIS CITATION BY THE APPEARANCE DATE SHOWN ON THE CITATION AN ADDITIONAL CHARGE WILL BE ASSESSED AGAINST YOU FOR VIOLATE PROMISE TO APPEAR AND A WARRANT ISSUED FOR YOU ARREST. THE RENEWAL OF YOUR LICENSE MAY BE DENIED AND YOU WILL BE TURNED OVER TO AN ATTORNEY FOR COLLECTION. ADDITIONAL FEES WILL APPLY.

SPEEDING 1-19 MPH - \$7.00 PER MILE + \$136.00  
SPEEDING 20 MPH + - \$200.00 + \$136.00 = \$336.00

PASS STATIONARY EMERGENCY VEHICLE W/O SLOWING.....\$975.00  
PASSING A SCHOOL BUS LOADING OR UNLOADING..... \$1,000.00  
UNSAFE SPEED---FAIL TO CONTROL SPEED.....\$336.00  
RUN STOP SIGN/RED LIGHT/FAIL TO YIELD.....\$336.00  
ILLEGAL/UNSAFE/OR IMPROPER TURN.....\$336.00  
FAIL TO DRIVE IN A SINGLE LANE/DRIVE ON WRONG SIDE.....\$336.00  
PASSING IN NO PASSING ZONE/PASS ON RIGHT.....\$336.00  
\*\*NO DRIVER/MOTORCYCLE LICENSE.....\$222.00  
EXPIRED DRIVER/MOTORCYCLE LICENSE/VIOLATE DL RESTRICTIONS..\$222.00  
1<sup>ST</sup> OFFENSE – NO INSURANCE.....\$422.00  
SUBSEQUENT OFFENSE – NO INSURANCE.....\$1,022.00  
NO SEAT BELT(DRIVER/PASSENGER OVER AGE 17).....\$250.00  
ALLOW CHILD UNDER AGE 17 TO RIDE UNSECURED BY SAFETY BELT....\$250.00  
ALLOW CHILD AGE 0-8 TO RIDE UNSECURED BY SAFETY BELT.....\$250.00  
DEFECTIVE EQUIPMENT(HEADLIGHT/TAIL LAMP).....\$336.00  
USE OF EQUIPMENT NOT APPROVED (WINDOW TINT).....\$250.00  
\*\*EXPIRED/NO REGISTRATION.....\$150.00

**FOR ANY CHARGES NOT LISTED CALL THE COURT CLERK.**

**ALL TRAFFIC TICKETS ISSUED IN CONTRUCTION ZONE WITH WORKERS PRESENT FINE DOUBLED. YOU ARE NOT ABLE TO DO DRIVER'S SAFETY COURSE NOR A DEFERRED DISPOSITON. YOU MUST CONTACT THE COURT FOR YOUR CITATION AMOUNT.**

**\*\*CHARGES MAY BE DISMISSED UPON PRESENTATION OF A VALID DRIVERS LICENSE & PROOF OF RENEWAL OF REGISTRATION AND IF PENALTY HAS BEEN PAID TO THE TAX ASSESSOR COLLECTOR & RENEWED BEFORE THE APPEARANCE DATE. \*DISMISSAL FEE WILL APPLY**

**OFFICERS CANNOT ANSWER QUESTIONS ABOUT FINE AMOUNTS OR COURT PROCEDURES.**

**INSURANCE DISMISSAL**

INSURANCE **MAY** BE DISMISSED UPON PROOF OF INSURANCE COVERING THE CAR OR THE DRIVER AT THE TIME OF THE CITATION FOR A DISMISSAL WITH NO FEE REQUIRED.

**FINANCIAL HARDSHIP/INDIGENT**

IF YOU ARE FINANCIALLY UNABLE TO PAY A FINE AND/OR COURT COST IN FULL (ONE PAYMENT), THERE ARE OTHER OPTIONS. THE COURT WILL HEAR SWORN TESTIMONY AND LOOK AT EVIDENCE CONCERNING YOUR FINANCIAL SITUATION TO HELP YOU RESOLVE THE MATTER. PLEASE CONTACT EACH COURT FOR YOUR OPTIONS.

**DEFERERAL DISPOSITION**

CONTACT EACH COURT TO SEE IF OFFERED.

**MAIL THIS FORM ALONG WITH ALL THE OTHER ITEMS REQUESTED TO THE ADDRESS LISTED ON THE REVERSE SIDE OF THIS FORM**

**MAKE YOUR PLEA**

\_\_\_\_\_ I HEREBY ENTER A PLEA OF NOT GUILTY AND REQUEST A PRETRIAL HEARING.

\_\_\_\_\_ I HEREBY ENTER A PLEA OF GUILTY AND WAIVE APPEARANCE FOR TRIAL. THE AMOUNT OF THE FINE IS ENCLOSED OR HAS BEEN PAID ONLINE.

\_\_\_\_\_ I HEREBY ENTER A PLEA OF NOLO CONTENDERE AND WAIVE APPEARANCE FOR TRIAL. THE AMOUNT OF THE FINE IS ENCLOSED OR AS BEEN PAID ONLINE.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DRIVING SAFETY COURSE**

\_\_\_\_\_ I HEREBY ENTER A PLEA OF NOLO CONTENDERE. I UNDERSTAND THAT I WILL LOSE MY RIGHT IF I DO NOT PROVIDE WRITTEN REQUEST IN PERSON OR BY MAIL POSTMARKED ON OR BEFORE THE APPEARANCE DATE OF THE CITATION AND THE FOLLOWING REQUIREMENTS ARE NOT MET...

I HAVE ENCLOSED THE FOLLOWING ITEMS:

1. A COPY OF MY TEXAS CLASS C DRIVER'S LICENSE (**NO CDL'S**) OR
2. A COPY OF MY (**IF ACTIVE MILITARY**) MILITARY I.D. AND STATE DRIVER'S LICENSE
3. ENTER A PLEA OF NOLO CONTENDERE ABOVE
4. HAVE NOT TAKEN OR NOT IN THE PROCESS OF TAKING A DRIVER'S SAFETY COURSE WITHIN THE LAST 12 MONTHS PRECEDING THE DATE OF THE OFFENSE.
5. SPEEDING WAS **NOT 25 MPH OR MORE OVER** THE POSTED SPEED LIMIT OR **95 MPH OR MORE**
6. PROVIDE A COPY OF PERSONAL COVERAGE OF LIABILITY INSURANCE THAT COVERS THE DAY THE CITATION WAS WRITTEN FOR
7. SUBMIT A CASHIER'S CHECK OR MONEY ORDER FOR **\$146.00 ONLY**. NO PERSONAL CHECKS AND **CAN NOT BE PAID ONLINE**. I UNDERSTAND I DO NOT PAY THE FULL AMOUNT OF THE CITATION.
8. I UNDERSTAND IF I DON'T MAIL IN ALL OF THE DOCUMENTS LISTED HERE, I WON'T BE APPROVED AND I LOSE MY RIGHT TO TAKE A COURSE.
9. I UNDERSTAND I AM NOT TO TAKE THE COURSE UNTIL I GET APPROVAL FROM THE COURT FIRST.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_