

SEABROOK MUNICIPAL COURT

1700 First Street, Seabrook, Texas 77586

Phone: 281-291-5674 or Fax: 281-291-5645

E-mail: mc@seabrooktx.gov

PLEA SHEET

IMPORTANT. YOU ARE REQUIRED TO READ AND COMPLETE THIS DOCUMENT IN FULL AND YOU MAY REQUEST A COPY OF THE COMPLETED DOCUMENT FOR YOUR RECORDS



Defendant: _____
Cause No: _____
Offense: _____
Date: _____

(select one)

_____ I enter a plea of **NO CONTEST** and waive my right to a trial by jury. Further, I waive my right to request, obtain and/or review any discovery that may exist on my case, and acknowledge that I have not requested any discovery from the State under Art. 39.14 of the Texas Code of Criminal Procedure.

_____ I enter a plea of **GUILTY** and waive my right to a trial by jury. Further, I waive my right to request, obtain and/or review any discovery that may exist on my case, and acknowledge that I have not requested any discovery from the State under Art. 39.14 of the Texas Code of Criminal Procedure.

_____ I enter a plea of **NOT GUILTY** and request a **TRIAL BY JUDGE**, waive my right to a trial by jury, and promise to appear on the date furnished to me by the Court.

_____ I enter a plea of **NOT GUILTY** and request a **TRIAL BY JURY**, and Promise to Appear on the date furnished to me by the Court.

ADMONISHMENTS

Until my case is resolved, I understand and agree that the Seabrook Municipal Court will schedule hearings and/or trial dates in the future. Notice of any scheduled hearing or trial date will be mailed to me via U.S. Postal Service first-class mail at the address I have provided below.

Furthermore, I understand that I am obligated to keep the Court advised immediately of any changes to my address, telephone number, or e-mail address while my case is pending.

I understand that if I fail to appear at any scheduled hearing or trial date I may be charged with an additional offense of "failing to appear" or "violating my promise to appear", and that a warrant may be issued for my arrest.

PLEASE PRINT CLEARLY

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

ATTORNEY INFORMATION:

Name: _____
Texas Bar No.: _____
Address: _____
Telephone/Fax: _____
Email: _____

Defendant's Signature _____