

Case Number:		<input type="checkbox"/> I, the above-named defendant, request 30 days from the date of pleading guilty to pay the balance of the ticket in full. If not paid within 30 days, I understand that the total ticket balance will be transferred to debt collections and an additional \$25 will be added on to the initial balance.
Defendant's Name:		
Date of Birth:		<input type="checkbox"/> I, the named defendant, request that the posted bond be applied to the fine and/or costs. I request the refund, if any remains, be mailed to the address listed on this plea. I also understand that failure to provide a current mailing address will forfeit the processing of any bond refund.
SSN:		
Defendant's Address:		<input type="checkbox"/> By pleading guilty, I admit that I committed the offense with which I am charged. I have been informed of the following: <ol style="list-style-type: none"> 1. I have a right to a trial; 2. My signature to this plea of guilty will have the same force and effect as a judgment of court; and 3. This record will be sent to the licensing authority of this state.
City:	State:	
Telephone/Cell phone Number:		
<input type="checkbox"/> I swear/affirm that the information provided is true and accurate.		For the balance of your ticket, please contact our office at: 417-326-4912
<input type="checkbox"/> I plead guilty to the charge of: <u>Choose an item.</u> , waive my right to counsel, waive my right to personally appear in court, waive my right to hearing by the court, and agree to pay the penalty prescribed for my offense.		Date: <input type="text"/> Signature: <input type="text"/>
		Please email: polk.criminal@courts.mo.gov