

**PORT ARANSAS MUNICIPAL COURT**  
**710 W. AVE A., PORT ARANSAS, TX 78373**  
**PHONE: (361)749-4111**  
**FAX: (361)749-4101**

**EMAIL : [MUNICIPALCOURT@CITYOFPORTARANSAS.ORG](mailto:MUNICIPALCOURT@CITYOFPORTARANSAS.ORG)**

This letter is furnished to you as a courtesy, to assist you in making disposition of the charge(s) against you. Read it all carefully.

IF YOU WISH TO ENTER A PLEA OF GUILTY OR NOLO CONTENDERE, please indicate in the space below. The fine and costs is the same for the Nolo Contendere and Guilty Plea, however, Nolo Contendere means that you do not contest the charge(s). Please look online to see fines and costs owed and to make payment, [www.cityofportaransas.org](http://www.cityofportaransas.org).

IF YOU WISH TO ENTER A PLEA OF NOT GUILTY, return this letter and your copy of the citation and photo ID. You must return this letter on or before the appearance date on the citation. You will be notified by mail of the hearing date. If you plead NOT GUILTY, the court is NOT bound by the listed fine.

**W A R N I N G**

IF YOU VIOLATE YOUR PROMISE TO APPEAR, YOU ARE SUBJECT TO A FINE NOT TO EXCEED \$500.00 AND LATE FEES IN ADDITION TO THE FINE ON THE ORIGINAL CHARGES(S) AND YOU MAY BE DENIED RENEWAL OF YOUR DRIVER'S LICENSE IF YOU FAIL TO PAY OR SATISFY A JUDGMENT ORDERED BY THE COURT.

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**RETURN REPLY FORM, PLEA, SIGN AND DATE**  
**MAKE PAYMENTS TO: PORT ARANSAS MUNICIPAL COURT**

- Check one:
1. \_\_\_\_\_ I hereby enter a plea of GUILTY and waive appearance for trial. Check or Money Order in the amount of the fine(s) is enclosed.
  2. \_\_\_\_\_ I hereby enter a plea of NOT GUILTY and request a court appearance.
  3. \_\_\_\_\_ I hereby enter a plea of NOLO CONTENDERE and waive appearance for trial. Check or Money Order in the amount of the fine(s) is enclosed.
  4. \_\_\_\_\_ I hereby enter a plea of (NO CONTEST) OR (GUILTY) and this is my written request to take the "DRIVER'S SAFETY COURSE." READ CAREFULLY BELOW:
    - a. My Texas Driver's License Number is \_\_\_\_\_. This must be included.
    - b. I hereby enclose proof of financial responsibility (liability insurance). This must be included.
    - c. I affirm that I have not taken a Driver's Safety Course in the previous 12-month period, and am not currently enrolled in one.
    - d. I will complete the Driver's Safety Course within the 90 days of this request and will show the court proof of completion.
    - e. I hereby remit the correct fee (\$144.00)

DATE: \_\_\_\_\_

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

**DRIVER'S SAFETY COURSE INSTRUCTIONS & FEE SCHEDULE**  
**COURT FEES FOR DRIVER'S SAFETY COURSE -\$144.00**

If you choose to take a Driver's Safety Course (DSC), the \$144.00 is Fees and Court Cost. You are responsible for the additional cost of the course. You do not qualify to take a DSC if you have taken one within the past 12-Months, if you exceeded the speed limit by 25 MPH or more, if you hold a valid CDL, or illegally pass a school bus. The DSC request (above) must be submitted to the court on or before your appearance date.