

**IN THE MUNICIPAL COURT OF
THE CITY OF ROCKPORT, ARANSAS COUNTY, TEXAS**

THE STATE OF TEXAS
VS.

CAUSE NO. _____
OFFENSE: _____

ORDER FOR COMMUNITY SERVICE

ON THIS DATE appeared N01, Defendant in the above styled and numbered cause, who, having been found guilty by the Court and assessed a fine and costs totaling \$_____ in this cause on the ___ day of _____, 20__, (and the Court having determined that the Defendant has failed to pay such fine and costs) (and the Court having determined that the Defendant has insufficient resources or income to pay such fine and costs), it is hereby

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the Defendant discharge (all of the fine and costs owed) (the remaining fine and costs owed) by performing community service as follows:

1. The Defendant shall work a total of _____ hours;
2. The Defendant's work shall be completed no later than _____, 20__;
3. The Defendant shall perform the community service for a (government agency) (non-profit organization) that provides services to the general public that enhances the social welfare and general well-being of the community, and the Court having further found that the working of more than 16 hours of community service per week (will) (will not) work a hardship on the Defendant, it is further

ORDERED, ADJUDGED, AND DECREED that the Defendant shall work no more than ___hours per week in performing the above-ordered community service. A defendant is considered to have discharged \$100.00 of fines or costs for each eight hours of community service. A defendant may discharge this obligation to perform community service by paying at any time the fine and costs assessed.

SIGNED this the _____ day of _____, 20_____.



Judge, Municipal Court
City of Rockport, Aransas County, Texas

**IN THE MUNICIPAL COURT OF
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**THE STATE OF TEXAS
VS.**

CAUSE NO. _____
OFFENSE: _____

COMMUNITY SERVICE TIME SHEET

HOURS ORDERED BY COURT _____ **DUE BY** _____, 20____
Community Service Provider: _____
Telephone: _____ Date Assigned: _____

Date	Time In	Time Out	Total Hours	Agency	Description of work	Rep Signature

I HEREBY CERTIFY THAT THE ABOVE RECORD IS A TRUE REPRESENTATIVE OF THE NUMBER OF HOURS WORKED FOR THE ABOVE PERIOD.

Agency Supervisor **Defendant**
Community service shall be done at one of the following assigned agencies. You are required to work out your own schedule with the assigned agency.

- | | | | |
|-------------------------------|----------|--------------------------|----------|
| ARANSAS CO TRANSFER STATION | 790-0162 | ARANSAS CO LIBRARY | 790-0153 |
| ROCKPORT ART CENTER (BEVERLY) | 729-5519 | GOOSE ISLAND PARK | 729-2858 |
| CASTAWAYS | 729-2565 | ROCKPORT WARRIORS UNITED | 737-2682 |
| COUNCIL OF AGING | 729-5352 | CHAMBER OF COMMERCE | 729-6445 |
| HUMANE SOCIETY | 729-8186 | COMMUNITY TABLE | |
| GED/JOB SKILLS TRAINING | | | |

ALL OTHER AGENCIES MUST BE PRE-APPROVED BY COURT.

Community Service Rules	
While performing community service, I will:	
*Contact the provider I choose to arrange Service as soon as possible;	* Not deliberately destroy or deface any tools or property;
*Arrive on time;	*Never accept any tips or cash from anyone in association with my community service;
*Obey the site supervisor;	*Wear appropriate clothing to work;
*Not leave the worksite without permission;	*Apply for authorization for extension of time if needed;
*Not carry any sort of weapon;	*Contact the Municipal Court with any questions.
*Not use abusive language;	
Finally, I understand that failure to follow these rules will result in a warrant being issued for my arrest and may result in my incarceration.	

WARNING: Filing false information with the Court is a Class A misdemeanor punishable by up to one year in jail and a maximum fine up to \$4,000.

****Turn in completed log to 402 E. Laurel St., Rockport, Tx 78382****

**IN THE MUNICIPAL COURT
CITY OF ROCKPORT, ARANSAS COUNTY, TEXAS
THE STATE OF TEXAS
VS.**

CAUSE NO. _____

PLEA FORM

You have been charged with _____

You may enter a plea of no contest, guilty, or not guilty.

CIRCLE ONE:

NO CONTEST
(nolo contendere)

A plea of no contest states you are not contesting the charges filed. If you plead no contest, a finding of guilty will be entered by the court and the Judge will set the amount of your fine. I have been made aware of my option to view documents and evidence in my case, excluding those documents ordered withheld by a Court of proper jurisdiction.

GUILTY

A guilty plea states you are guilty of the charges as filed. The fine and costs on a plea of guilty are the same as plea of no contest. I have been made aware of my option to view documents and evidence in my case, excluding those documents ordered withheld by a Court of proper jurisdiction.

NOT GUILTY

A not guilty plea states you are not guilty of the charge as filed. If you plead not guilty, a trial date will be set. You are required to appear for trial. Failing to appear may result in you being charged with Failure to Appear (Sec.38.11 PC) and a warrant being issued for your arrest. YOU HAVE THE RIGHT TO HIRE AN ATTORNEY. The State is represented by the City Attorney. **NOTICE OF YOUR COURT DATE WILL BE MAILED TO THE MAILING ADDRESS YOU HAVE LISTED BELOW.**

DISCOVERY _____ I **request/decline** to review the documents and evidence in my case.

**TO THIS CHARGE:
CHECK ONE:**

- I hereby enter a plea of NOT GUILTY and request a non-jury trial and do hereby waive my right to a trial by jury.
- I hereby enter a plea of NOT GUILTY and request a trial by jury.
- I hereby enter a plea of GUILTY and do hereby waive my right to a trial by jury.
- I hereby enter a plea of NOLO CONTENDERE and do hereby waive my right to a trial by jury.
- I hereby enter a plea of NOLO CONTENDERE and request Deferred Adjudication
- I hereby enter a plea of NOLO CONTENDERE and request Defensive Driving.

DEFENDANT'S SIGNATURE/DATE

DEFENDANT'S ATTORNEY SIGNATURE/DATE

DRIVER'S LICENSE NO. OR I.D. NO.

DATE OF BIRTH

SOCIAL SECURITY NO.

HOME ADDRESS APT #

CITY, STATE, ZIP

PHONE

MAILING ADDRESS

EMAIL ADDRESS