INSTRUCTIONS: Complete Entire Form and Mail With Payment To:

Garland County District Court Garland County Courts Building 607 Ouachita Ave., Room 150 Hot Springs, AR 71901 (501) 321-6765

WAIVER OF APPEARANCE AND PLEA OF GUILTY

I,, do hereby waive my appearance before the court for the offense(s) charged on citation number I understand I am waving my right to enter a plea of not guilty and appear for trial on this matter. I further understand that my signature to this plea of guilty/no contest will have the same force and effect as a judgment of the court, and that this record will be sent to the drivers licensing authority of the State of Arkansas or of the state where I received my license to drive.
I DO HEREBY ENTER A PLEA OF GUILTY/NO CONTEST to said offense(s) as charged:
Please indicate your plea (circle one):
GUILTY
NO CONTEST
NAME:
DATE OF BIRTH:
STREET ADDRESS:
CITY, STATE, ZIP:
TELEPHONE:
SIGNATURE