

HENDERSON MUNICIPAL COURT REQUEST FORM FOR JUDGE'S REVIEW

File Stamp:

Defendant's Name: _____

Defendant's Address: _____

*Mobile Phone No: _____

*Mobile Phone Provider: _____

*Email Address: _____

*My mobile phone number, service provider and email address are provided to opt in for text message and/or email notifications from the court.

Case Number(s): _____ Submitted By: _____

SUBJECT : (Please place checkmark by appropriate subject)

☐ New Traffic Arraignment without posting bail

Date requested _____ at _____ : 00 ____M (*pending Judicial approval*)

☐ Extension to show valid _____ by _____

☐ Fine Payments:

☐ Request payments of \$ _____ beginning _____ ****\$50 PAYMENT SET-UP FEE WILL BE ADDED ****

☐ Extension of payment - Next payment to be due _____

☐ Lower Payment Amount – I can afford to pay \$ _____ per month.

☐ Other

REASON FOR REQUEST (please be specific and brief):

MUNICIPAL COURT USE ONLY - DO NOT COMPLETE

Clerks Comments: _____

Fine Payments: Payments current? ☐ Yes ☐ No if No, date payment was due _____

Last Payment Made on ____/____/____ Current Balance Owed on all cases \$ _____

Is there a SVD Pending? ☐ Yes ☐ No Total fines if SVD is not shown \$ _____

How many granted extensions on this case? _____ How many previous FTP warrants on this case? _____

Is this case in BW Notice ☐ Yes ☐ No Is there a FTP Warrant Pending ☐ Yes ☐ No

Other than fines: How many granted extensions: _____ (TSS, SVD, etc)

☐ Approved

☐ Denied

☐ Other

Judge's Comments:

Judge's Signature/Date _____

Clerk _____ ☐ D1 ☐ D2 ☐ D3