

CITY OF LA FERIA MUNICIPAL COURT, 115 E COMMERCIAL AVE., LA FERIA, TX 78559-5002  
OFFICE: 956-797-2261 / FAX: 956-797-0056 PAY BY PHONE: 1-877-324-2483  
EMAIL: [Court@CityOfLaFeria.com](mailto:Court@CityOfLaFeria.com) WEBSITE: [www.cityoflaferia.com](http://www.cityoflaferia.com)  
SAVE TIME PAY ONLINE: <https://www.municipalonlinepayments.com/laferiatx>

PLEASE RETURN WITH A COPY OF A PICTURE IDENTIFICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Citation Number: \_\_\_\_\_  
Offense Date: \_\_\_\_\_  
Offense: \_\_\_\_\_

\* Your 1st payment of \$\_\_\_\_\_ is due immediately.

\* You must make one payment every calendar week. (\$\_\_\_\_\_ minimum per week).

\* To avoid the time payment fee, you have 30 days to pay the fine in full.

\* A **\$25.00** one-time payment fee will be added per violation after 30 days.

- ❖ This is a one-time payment fee. Once it is charged, you may take an additional 30 days to pay your fine in full, but you must continue to make weekly payments.
- ❖ If you miss more than two weeks of payments, the Judge may issue a WARRANT for your ARREST (includes an additional **\$50.00** fee).
- ❖ After **60 days, 30%** of your balance will be added to your costs and your case will be submitted to our collection agency. Your case may be submitted to DPS Omnibase program that adds an additional **\$30.00** fee and you will not be able to renew your driver's license until your balance is paid; and
- ❖ Your case may be submitted to the Tax Assessor's Office Scofflaw program that adds an additional **\$20.00** fee and prevents you from renewing your vehicle registration until your balance is paid.

I, \_\_\_\_\_ am requesting a payment plan for  
Citation # \_\_\_\_\_ I waive my right to a jury trial.

I am entering a plea of:                      **NO CONTEST**                      **GUILTY**                      (PICK ONE)                      to the charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License or ID #: \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_



← SCAN QR CODE TO VISIT COURT WEBSITE

SCAN QR CODE TO PAY ONLINE →

