





## HONORABLE CHAD JENKINS

## **JUSTICE OF THE PEACE, PCT. #2** 3500 EDGAR BROWN DRIVE **PO BOX 2219 ORANGE TX 77631**

PHONE: 409-882-7806 FAX: 409-882-7808

	CAUSE NO.	
THE STATE OF TEXAS		IN THE JUSTICE COURT
VS.		PRECINCT TWO
DEFENDANT	ORANGE COUNTY, TEXAS	
	COMMUNITY SERVICE REQUEST	
	, am the defendant in the above edding. I have no assets except for the follow	
	PER WEEK PER MC	
I HAVE OTHER INCOME AS FOL	LOWS (STATE SOURCE AND AMOUN	Т):
DISABILITY INCOME:	CHILD SUPPORT:	
UNEMPLOYMENT:	OTHER EMPLOYMENT/EDUCATION:	
I AM:MARRIED	SINGLEDIVORCED	
NUMBER OF CHILDREN:	AND OTHER DEPENDANTS: _	
HOME (ADDRESS):		
EMAIL ADDRESS	PHONE #	
I am unable to pay court fees. I verif	y that the statements made in this statement	t are true and correct.
SIGNATURE OF DEFENDANT		<u>ΓΕ</u>







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Justice of the Peace, Precinct 2 3500 EDGAR BROWN DR, ORANGE, TX 77630

Kendra – Court Coordinator Kinley – Court Clerk Sandra – Court Clerk Phone: 409-882-7805 Fax: 409-882-7808 JP2@CO.ORANGE.TX.US

NAME:	COMMUNITY	SERVICE ORDI CAUSE N	E <u>R</u> O
NUMBER OF HOURS TO COMPLETE:		DUE DAT	TE:
agreement, then you are <u>requ</u> The purpose of this hearing i	at in the event you fail to do <u>sired to appear</u> for a hearing s for you to Show Cause wh	at this Court at 4:00 pay you have failed to co	vice in the time pursuant to this p.m. on the date your hours are due. do such hours. IN THE EVENT YOUE ISSUED ON ALL CASES.
I hereby acknowledge th and agree that I will app			otice to appear and I understand unity service hours.
DEFENDANT'S SIGNA	TURE:		DATE:
DATE	TIME IN	TIME OUT	NUMBER OF HOURS
		TOTA	AL HOURS:
I, COMPLETED THE AB	, CERTI OVE FILLED IN COM	FY THAT THE AI IMUNITY SERVIO	BOVE NAMED DEFENDANT CE HOURS.
LIST OF PLACES ACCEPTABLE: CHURCHES, BALL PARKS, SALVATION ARMY, GOODWILL, CLAIBORNE PARK, FIRE STATIONS, OR ANY OTHER NON-PROFIT ORGANIZATION NO NURSING HOMES OF ANY KIND		NAME OF NON	I-PROFIT ORGANIZATION
		SIGNATURE	_
		DATE	PHONE NUMBER
IT IS A THIRD DEGREE FEI	LONY TO FORGE OR ALTI	ER THIS GOVERNMI	ENT DOCUMENT.

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	CAUSE NUMBER:		
OFFENSE:			
DATE OF CITATION DEFENDANT NAME	V:		
DEFENDANT NAME	•		
plea of <b>NO CONTEST</b> want to take care of the	indicates that you are not cont	EST or NOT GUILTY to this charge. A esting the charge(s) filed and that you The fine and costs on a plea of GUILTY paid as ordered.	
exercising your right to GUILTY the law prohitrial hearing and/or a tri	a trial. You may request a trial bits the judge from discussing a	ontest the charge(s) and that you are by Judge or by Jury. If you plead <b>NOT</b> any aspect of your case with you. A pre-ill be notified of this date. If found guilty or Jury.	
a good address and ph responsibility to notify	one number. If any of this information the court of these changes. Figes being filed against you.	t dates, you must furnish the court with formation should change, it is your Failure to appear at your court dates may	
I enter a plea of	GUILTY and waive a trial by a	Jury.	
I enter a plea of I	NO CONTEST and waive a tri	al by a Jury.	
I enter a plea of I	NOT GUILTY and waive my 1	right to a jury trial and request a trial by	
Judge.			
	ea of <b>NOT GUILTY</b> and requ	est a trial by <b>Jury</b> .	
	1	• •	
		Alternate Phone #:	
Date of Birth:	ST/DL#:	Social Security #	
Email address		Todays Date	