

**PARKER COUNTY  
JUSTICE OF THE PEACE COURTS**

<http://parkercountytx.com>

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**Precinct 1**

Judge Kelvin Miles  
 Courthouse Northeast Annex  
 Waymon Wright Building  
 1020 E. Highway 199  
 Springtown, Texas 76082  
 817-220-5857  
 Office Hours: 8:00 am - 4:45 pm  
 Pay by phone: 817-458-3232

**Precinct 2**

Judge Kelly Green  
 207 Fort Worth Hwy.  
 Weatherford, Texas 76086  
 817-598-0496  
 Office Hours: 8:00 am - 4:45 pm  
 Pay by phone: 817-458-3216



**Precinct 3**

Judge Randall Grissom  
 Courthouse Annex  
 1112 Santa Fe Drive  
 Weatherford, Texas 76086  
 817-598-6192 or 817-598-6088  
 Office Hours: 8:00 am - 5:00 pm  
 Pay by phone: 817-458-3444

**Precinct 4**

Judge Tim Mendolia  
 Willow Park Place  
 16600 Old Weatherford Road  
 Aledo, Texas 76008  
 682-229-2224  
 Office Hours: 8:00 am - 5:00 pm  
 Pay by phone: 817-458-3113

**SOME OFFICES MAY BE CLOSED FOR THE LUNCH HOUR**

The citation issued to you by a Department of Public Safety Trooper or Parker County Sheriff's Deputy will result in a complaint being filed against you in this court. If you fail to respond to the charges by the appearance date on the citation, an additional charge will be filed for fail to appear and the Department of Public Safety will **DENY RENEWAL** of your Driver License.

**JUVENILES AND PROVISIONAL LICENSE HOLDERS MUST APPEAR IN PERSON WITH PARENT OR GUARDIAN  
PLEASE CONTACT THE COURT FOR INSTRUCTIONS**

This letter is furnished to you through the courtesy of the courts to allow you to take care of this matter by mail if you so desire. You must complete the appropriate form on the reverse side. **CDL LICENSED DRIVERS MUST CONTACT THE COURT.**

Listed below are some fines (including state fees) acceptable to the court **but may be changed at the Judges' discretion.** Call the Court to verify fine amount.

**Over the speed limit**

1 to 10 .....	\$170.00	Driver License Restriction Violation.....	\$140.00
11.....	\$172.00	No Driver License.....	\$183.00
12.....	\$174.00	Driving While License Invalid.....	\$420.00
13.....	\$176.00	Fail to Maintain Financial Responsibility (No Insurance).....	\$270.00
14.....	\$178.00	Expired or No Motor Vehicle Registration.....	\$140.00
15.....	\$180.00	Fail to Control Speed/Unsafe Speed.....	\$200.00
16.....	\$183.00	Following too Closely.....	\$180.00
17.....	\$186.00	Equipment Violations.....	\$180.00
18.....	\$189.00	Running a Stop Sign.....	\$180.00
19.....	\$192.00	Running Stop Sign With Accident.....	\$220.00
20.....	\$195.00	Unsafe Lane Change.....	\$176.00
21.....	\$198.00	Fail to Yield Right of Way.....	\$200.00
22.....	\$200.00	Turning Violations.....	\$200.00
23.....	\$204.00	Ride Unsecured by Safety Restraint.....	\$181.00
24.....	\$207.00	Passenger Unsecured by Safety Restraint (8 to 17 yrs).....	\$181.00
<b>25 &amp; over posted speed</b>		Allow child to Ride Unsecured in Safety Seat (under 8 yrs)...	\$160.00
<b>Citations in school or construction zone must contact the Court</b>		Fail to Slow/Move for Certain Stationary Vehicles.....	\$200.00
		Wrong Driver License for Type Vehicle.....	\$160.00

\*\*School zone citations will have additional \$25.00 fee added\*\*

**FOR ANY OFFENSE NOT LISTED PLEASE CALL THE PROPER COURT  
REPLY FORM AND AFFIDAVIT FOR SAFETY COURSE DEFERRAL ON REVERSE SIDE**

**SECTION 1-PERSONAL INFORMATION**

**\*\*\*THIS SECTION MUST BE COMPLETED\*\*\***

Print name as it appears on citation

Driver License Number

Correct Mailing Address

City, State & Zip Code

Daytime phone number with area code

**REPLY FORMS**

**SECTION 2 – PAYMENT BY CREDIT/DEBIT CARD**

**THERE WILL BE A CONVENIENCE FEE FOR USING THIS OPTION**

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**SECTION 3- PAYMENT OF FINE OR NOT GUILTY PLEA (REQUEST FOR DEFERRED OR TRIAL) Check one of the following:**

**PAYMENT OF FINE:**

1. \_\_\_\_\_ I hereby enter a plea of **guilty** or **no contest (circle only one)** to the charge(s) of \_\_\_\_\_ waive jury trial and appearance for trial. Enclosed is my citation and a cashier’s check or money order for the fine amount made payable to the court as stated on your citation. **NO OUT OF STATE CHECKS.**

**REQUEST FOR DEFERRED DISPOSITION:**

2. \_\_\_\_\_ I hereby enter a plea of **guilty** or **no contest (circle only one)** to the charge(s) of \_\_\_\_\_ waive jury trial and appearance for trial. Enclosed is my citation and a cashier’s check or money order for the deferred fees made payable to the court as stated on your citation. **NO OUT OF STATE CHECKS.**

**REQUEST FOR PRE-TRIAL:**

3. \_\_\_\_\_ I hereby enter a plea of not guilty to the charge of \_\_\_\_\_ and request a pretrial hearing. You will be notified by mail of your pretrial date.

Date

Amount enclosed

Signature

**SECTION 4-SAFETY COURSE DEFERRAL \*\*\*THIS SECTION DOES NOT APPLY TO HOLDERS OF COMMERCIAL DRIVER’S LICENSE\*\*  
PAYMENT AND REPLY FORM TO BE FILED WITH COURT PRIOR TO TAKING COURSE**

A Safety Course or Motorcycle Operator Training Course Deferral may dismiss some violations. The following affidavit must be completed, signed, and notarized. **NO OUT OF STATE CHECKS.**

In order to take a safety course or motorcycle operator training course in lieu of a conviction being entered on my driving record, I hereby state under oath:

- \_\_\_\_\_ I have requested the safety course on or before my answer date either in person or by certified mail.
- \_\_\_\_\_ I hold a valid Texas Driver’s License or I am active duty military or a spouse or dependant of active duty military member.
- \_\_\_\_\_ I do not hold a Commercial Driver’s License.
- \_\_\_\_\_ I have not had a safety course in the last year nor am I presently enrolled in a safety course to have a traffic citation dismissed.
- \_\_\_\_\_ I was not going more than 24mph over the posted speed limit.
- \_\_\_\_\_ I have proof of financial responsibility (Liability Insurance).

I hereby enter a plea of **guilty** or **no contest (circle only one)** to the charge of \_\_\_\_\_ and request the safety course deferral. Enclosed is a cashier’s check or money order for **\$146.00 (\$171.00 if in school zone)** made payable to the proper Justice Court listed on the reverse side. I understand I will be required to pay a fee to the safety class of my choice and **I am responsible for enrolling in a state certified safety course designed for my violation.** (i.e. Driving Safety Course, Seat Belt Safety Course or Motorcycle Operator Training Course.) \*\*\*

Date

Defendant’s Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary/Court Clerk

**\*\*\* Additional Information and Requirements will be provided after payment.**