

SHOW CAUSE WAIVER

CAUSE NUMBER: _____

STATE OF TEXAS

IN THE MUNICIPAL COURT

VS

CITY OF CARROLLTON

DALLAS COUNTY, TEXAS

Print defendant's name

I waive my right to a show cause hearing and understand that judgment will be imposed.

Defendant's Signature

Court Clerk

Defendant St. Address

Date

Defendant city, state, zip

Defendant Home Telephone

Defendant Work Telephone