

APPLICATION FOR PAYMENT PLAN
DENTON COUNTY, TEXAS

Cause (Case) Number(s) _____ Date ____/____/____

DEFENDANT'S PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____
First MI Last

Address _____
Street Apt. City State Zip Code

Phone Numbers _____
Home Cell Work

E-mail Address(s) _____

Social Security No. _____ Driver's License No. _____ Is the information on your Driver's License Correct: Yes No

If no, please explain why: _____ Are you a High School Student? Yes No

Name of Employer _____ Supervisor's Name _____ Employer's Phone Number _____

Address _____ Position or Title _____
Street City State Zip Code

Pay Rate \$ _____ Hours worked per week _____ Next Pay Day date: _____ Weekly Bi-weekly Monthly Other: _____
(Circle One) (Including Commission)

Social Security \$ _____ Retirement \$ _____ Unemployment \$ _____ Child Support Received \$ _____ Child Support Paid \$ _____

Marital Status (Circle One) Single Married/Common Law Divorced Widowed Separated

Name of Spouse _____ Spouse's Phone Number _____

Spouse Employer _____ Pay Rate \$ _____ Weekly Bi-weekly Monthly Other: _____
(Circle One) (Including Commission)

List Bank or Credit Union Account: _____
 _____ Checking _____ Savings Balance: \$ _____

FEDERAL AND STATE ASSISTANCE

Do you receive assistance under the following: Yes or No (If Yes circle one): Food Stamps WIC Medicaid CHIPS TANF

PERSONAL REFERENCES

Name	Address	Phone Number

Monthly Expenses

Rent/ Mortgage	\$ _____	Cell	\$ _____
Car Payment	\$ _____	Cable	\$ _____
Car Insurance	\$ _____	Telephone	\$ _____
Outstanding Loans	\$ _____	Gas	\$ _____
Master Card Credit Card Balance \$ _____	\$ _____	Electric	\$ _____
Visa Credit Card Balance \$ _____	\$ _____	Water	\$ _____
Food (Groceries)	\$ _____	Clothes	\$ _____
Restaurants/Fast Foods	\$ _____	Alcoholic Beverages	\$ _____
Cigarettes/Tobacco	\$ _____	Entertainment	\$ _____

Financial considerations I want the court to know which impact my ability to pay all fees/fines and court cost immediately.

If someone is going to help you pay for your fines, fees and court costs list their information below.

Name: _____

Mailing Address: _____

Relationship with defendant: _____

Acknowledgement and Declaration:

By signing my name and initialing each of the five spaces below on the left hand side of the page, I swear that all of the above information about my financial condition is current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

I hereby authorize any designated representative of Denton County to conduct a thorough investigation of my statements. I understand this could include verification of all information given and obtaining reports from credit reporting agencies and other governmental agencies.

It is with this understanding and acknowledgement that I formally request an extension of time for payment of fines, fees, and court costs due and payable to Denton County.

*** READ AND INITIAL THE FOLLOWING:**

___ I understand that if I pay any part of the fines, court costs, or restitution (if applicable) on or after the 31st day after the judgment was entered that I am responsible for paying a \$25.00 time payment fee.

___ I understand that my agreement to a payment plan today with the Denton County Court Collection and Compliance Department is a part of my court order.

___ I promise that until my fines have been paid in full, I will notify the Denton County Court Collection and Compliance Department in person or by first-class mail of any changes of my address, telephone number and work information at 1450 E. McKinney St., Ste. 1400 Denton, Texas 76209.

___ I understand that I have a continuing obligation until my fines are paid in full to notify the court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

Defendant's Signature

Date

Collections Dept. Representative

Date

For office use only

Date	Contact	Verification	Pay Plan	No Show Letter

THE STATE OF TEXAS
VS

IN THE JUSTICE COURT
PRECINCT 6
DENTON COUNTY, TX

Name

1029 W. Rosemeade Pkwy, Carrollton, TX 75007
Phone: 972-434-7100
Fax: 972-434-7101

Address

Phone Number

DEFENDANT’S PLEA TO THE OFFENSE OF:

[If the offense is “FAILURE TO PAY TOLL,” See NOTE below]

_____ I enter a plea of NOT GUILTY, and acknowledge the following:

I ACKNOWLEDGE that this Court, in accordance with Art. 28.01 of the TEX. CODE of CRIMINAL PROCEDURE, requires that I (and my attorney, if any) attend a **pre-trial hearing** to confer directly with the Assistant District Attorney about this Citation, and to consider for a hearing before the Court, if necessary, any unresolved pre-trial matters governed by statute. Upon my plea of NOT GUILTY, my signature below is my **promise to appear** on the **PRE-TRIAL HEARING DATE** furnished to me by the Court. *I ACKNOWLEDGE THAT MY FAILURE TO APPEAR FOR THE PRE-TRIAL HEARING CAN RESULT IN A WARRANT FOR MY ARREST.*

_____ I enter a plea of GUILTY and *waive appearance* for a trial by Judge and **waive my right** to a trial by jury.

_____ I enter a plea of NO CONTEST and *waive appearance* for trial by Judge and **waive my right** to a trial by jury.

ABILITY TO PAY (in the event of a plea of Guilty or No Contest): *[SEE “ALTERNATIVES TO PAYMENT” below for those who are financially unable to pay and request, as necessary, a judge determination of inability.]*

_____ I am able to pay the fine and costs and will pay them in full immediately.

_____ I am unable to pay the fine and costs and request a payment plan.

_____ I am unable to pay the fine and costs and request a hearing before the Judge seeking to discharge all or part of the fine or costs by performing community service, or by waiver, if determined by the Judge.

ALTERNATIVES TO PAYMENT OF FINES AND COSTS

A defendant who is convicted of a criminal offense punishable by fine only is entitled to alternative methods of satisfying the judgment **if the defendant is unable to pay the fine or costs, in whole or in part.** *The Court in which the conviction is entered should be contacted for details on how to pursue these available alternatives, including arranging for a hearing or other inquiry before the judge to make the determination of inability to pay. The alternative methods available to the defendant include:*

- 1) **A payment plan.** A defendant may be permitted to make payments toward the fine and costs in designated intervals over time. *NOTE: If any amount is paid more than 30 days after the judgment assessing the fine or costs, then a \$25 time payment fee must be assessed.*
- 2) **Disposition of the amount assessed by performing community service.** There are many options that meet the requirements of the law for performing community service as a means to satisfy the judgment in whole or in part. *See Art. 45.049 of the Code of Criminal Procedure.*
- 3) **Possible waiver of the fine and costs.** If performing community service imposes an undue hardship, a defendant who is indigent or who lacks sufficient resources to pay may be granted a waiver of the fine and costs, in whole or in part.

NOTE: If your offense is for “FAILURE TO PAY TOLL,” and you enter a plea of either Guilty or No Contest, be aware that payment to the court of the fine and court costs charged is for the State of Texas violation ONLY and DOES NOT satisfy any outstanding toll balances owed to NTTA. Likewise, payment of any outstanding toll charges to NTTA DOES NOT satisfy the fine and court costs owed to the State of Texas for the violation. You must contact NTTA to pay any outstanding balance for unpaid tolls. Failure to pay your outstanding balance with NTTA can result in additional citations being issued by DPS in this or other courts. * Providing this Court with proper and timely written proof of payment of your NTTA outstanding toll charges may result in the reduction of the fine.

SIGNED this _____ day of _____, 20_____.

Defendant’s Signature