

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/finances 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

Sworn to and Subscribed before me this _____ day of _____, 20__.

Notary

I, Defendant, in the above cause do hereby enter my appearance, waive my right to trial, and enter my plea of:

(Circle one) GUILTY or NO CONTEST

Collections Dept. Representative

Date

For office use only

Date	Contact	Verification	Pay Plan	No Show Letter