

JUSTICE OF THE PEACE, HENDERSON COUNTY, TEXAS
APPLICATION FOR PAYMENT OF COURT COSTS, FINE & FEES

DEFENDANT'S INFORMATION: (Informacion)

Name: _____
(Nombre) Last(Apellido) First (Nombre) Middle (Segundo Nombre)

Home Address: _____
(Direccion) Number (Numero) Street (Calle) Apt. City(Ciudad) State (Estado) Zip Code (Codigo Postal)

Home Phone: (____) _____ Cell Phone(____) _____
(Segundo Telefono) (Celular)

Date of Birth: ____/____/____ Driver's License Number: _____
(Fecha de Nacimiento) (Numero de licencia para manejar)

E-Mail Address: _____

Employer: _____ Work Number: (____) _____
(Empleador) (Empleador Telefono)

DEFENDANT'S INCOME/EXSPENSE INFORMATION: (Salario Mensual)

Income (ingresos)

Monthly \$ _____ Spouse's Income \$ _____
(salario mensual)

Other Household income _____ Next Pay Day _____

Bank Information (informacion bancaria)

Checking Account: Bank _____ Balance _____
(cuenta de cheques) (banco) (saldo de la cuenta)

Monthly Expenses (gastos mensuales)

Mortgage/Rent \$ _____ Electric/Gas \$ _____ Water/Sewage \$ _____
(hipoteca/aquiler) (electrica/gas) (agua/agua residuals)

Phone \$ _____ Auto Payment \$ _____ Insurance \$ _____
(telefono) (pago automatico) (seguro)

Child Care \$ _____ Child Support \$ _____
(el cuidado de los ninos) (infantile)

Number of Dependents _____ High School Student Yes / No

Do you receive any of the following benefits:

_____ Food Stamps _____ WIC _____ Medicaid _____ Chips

YOUR MUST HAVE (2) REFERENCES

(1) Name: _____ Address: _____
(nombre) (direccion)
Phone Number: (____) _____ Relationship to Defendant: _____
(telefono) (parentesco con el acusado)

(2) Name: _____ Address: _____
(nombre) (direccion)
Phone Number: (____) _____ Relationship to Defendant: _____
(telefono) (parentesco con el acusado)

WARNING: FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND A MAXIMUM FINE UP TO \$4,000.00.

ACKNOWLEDGMENT AND DECLARATION:

Under penalty of perjury, I hereby certify that the information I have supplied is complete and accurate statement of my current financial condition, I give permission to the collections department of Henderson County, their employees or agents to conduct a complete and thorough investigation of my application and I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. With this understanding and acknowledgment, I formally request an extension of time to pay fine and court costs now due and payable to Henderson County, Texas.

Defendant's Signature: _____ Date: _____

Parent/Legal Guardian if Minor: _____ Date: _____

El RECONOCIMIENTO Y la DECLARACION:

Bajo pena del perjurio, yo por la presente certifico que la información que he suministrado es la declaración completa y exacta de mi condición financiera actual y el departamento de colecciones de Condado de Henderson, sus empleados o los agentes de realizar una investigación completa y completa de mi aplicación y yo entiendo que esta investigación podría incluir comprobaciones directas de toda información dado y el obtener de informes forma las agencias de la cobertura del crédito. Con esta comprensión y el reconocimiento que solicita formalmente que una extensión de tiempo de pagar fino y el tribunal cuesta ahora debido y pagadero al Condado de Henderson, Tejas.

Fecha de firma de Acusado _____ Date: _____

IF YOU ARE UNABLE TO PAY YOUR FINES AND FEES PLEASE NOTIFY the Court Clerk immediately after found guilty or a plea of "no contest" or "guilty" is entered. Upon approval, a standard payment plan will be enforced to help you with compliance of your court order. Payment plans set by a judge are discretionary and unrestricted.

There will be a State Mandated fee of \$25.00 assessed on all accounts open longer than 31 days.

Within 5 days of Default on a payment, you will be notified by mail, phone, email, or all.

Please initial each term applicable.

_____ I have the ability to pay.

_____ I understand the terms of the payment plan.

_____ I decline the opportunity for the program to consider lower payment amounts or longer periods of time to pay.

Defendant Signature

Date

Parent/Legal Guardian if Minor

Date

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