

**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 <sup>\$15.00</sup> [redacted] 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

**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.**

**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)

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**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: \_\_\_\_\_

**EI 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: \_\_\_\_\_