

ALLEN MUNICIPAL COURT – APPLICATION FOR PAYMENT PLAN OF COURT COSTS, FINES, AND FEES

CAUSE NUMBER: _____

You are required to legibly complete this form. **DO NOT LEAVE ANY BLANKS. DO NOT REPEAT PHONE NUMBERS.** Failure to properly complete this form may result in your balance being payable immediately, and payment options declined.

FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEADONR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND MAXIMUM FINE UP TO \$4,000.

NAME: _____						
LAST	FIRST	MIDDLE				
STREET ADDRESS: _____						
NUMBER	STREET	APT	CITY	STATE	ZIP	
MAILING ADDRESS: _____						
POST OFFICE BOX OR STREET	APT	CITY	STATE	ZIP		
SOCIAL SECURITY NUMBER: _____			PHONE NO: () _____			
CELL () _____		ALTERNATE NO: () _____				
IF NO PHONE, NUMBER WHERE YOU CAN BE REACHED _____						
E-MAIL ADDRESS: _____						
SEX: _____	DATE OF BIRTH: _____	DRIVERS LICENSE NO: _____	AND STATE: _____			
MARRIED	SINGLE	SEPARATED	DIVORCED			

FRIEND OR REFERENCE:() _____			
PHONE NUMBER	RELATIONSHIP	NAME	
2 ND FRIEND OR REFERENCE: () _____			
PHONE NUMBER	RELATIONSHIP	NAME	

ASSETS: If you are not working, state why. If you are a student, state name of school.					
EMPLOYER: _____					
()	NAME	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	POSITION	HOW LONG			
SALARY: \$ _____	HOURLY WAGE \$ _____	TAKE HOME MONTHLY PAY \$ _____	NEXT PAY DATE _____		
PAID (CIRCLE ONE) WEEKLY - BI WEEKLY - MONTHLY					
PLEASE CHECK ANY OTHER SOURCE OF INCOME YOU RECEIVE:					
<input type="checkbox"/> Welfare	<input type="checkbox"/> Social Security/ Retirement	<input type="checkbox"/> Retirement	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Social Security / Disability	<input type="checkbox"/> Child Support
Other than yourself, how many people do you support directly?					
CONT:	NUMBER	RELATIONSHIP	AGES		
RELATIONSHIP	AGES				

SPOUSE INFORMATION:					
NAME: FIRST	MIDDLE	LAST	DATE OF BIRTH	S.S. #	
EMPLOYER NAME: _____	PHONE NUMBER: _____				
PAID (CIRCLE ONE) WEEKLY - BI WEEKLY - MONTHLY			TAKE HOME PAY \$ _____	NEXT PAY DATE _____	

DEBT

List all your creditors (Mortgage companies, Banks, Credit cards, Finance Companies, Department Stores, etc.)

Company Name	\$ _____	Balance Owed	Payment Amount (Month)
Company Name	\$ _____	Balance Owed	Payment Amount (Month)
Company Name	\$ _____	Balance Owed	Payment Amount (Month)

**SUMMARY:
MONTHLY INCOME**

Current Salary/Income	\$ _____
Child Support/Alimony	\$ _____
Other Income	\$ _____
Spouse's Income	\$ _____
Total	\$ _____

MONTHLY EXPENSES

Child Support/Alimony	\$ _____
Mortgage/Rent	\$ _____
Utilities-Gas/Light/Water	\$ _____
Cable Television	\$ _____
Telephone	\$ _____
Cell phone/Pager	\$ _____
Vehicle Payment/Insuran	\$ _____
Creditors	\$ _____
Groceries	\$ _____
Child Care Expenses	\$ _____
Total Monthly Expenses	\$ _____

Remarks _____

Name of Bank _____

Checking	Balance \$ _____
Savings	Balance \$ _____

ACKNOWLEDGEMENT AND DELARATION

I HEREBY DECLARE that I am the defendant in the above referenced case(s). I wish to enter my plea of GUILTY / NO CONTEST, waive my right to trial by jury or judge. I further understand that by not paying the fine(s) in full a \$25 Time Pay Fee will be added to each violation as required by state law (Gov. Code 51).

I understand that if I violate any part of an approved collection program it is terms for immediate cancelation and having a Capias Pro Fine Warrant issued for the Defendant's arrest with additional fees added thereto.

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Clerk's Office of the City of Allen and its employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding, and acknowledgment that I formally request an extension of time for payment of the court costs due and payable to the City of Allen.

Defendant Signature _____

Date _____

Witnessed By _____