

(Please enter Citation Number

APPLICATION

IRVING MUNICIPAL COURT
TIME PAYMENT APPLICATION

In order to be considered for an extension time to pay/Time-payment Plan, it is MANDATORY that the following information be provided to the Court.

Please be aware that the Court is REQUIRED to verify information on this form AT THE TIME IT IS TURNED IN and while you are still at the Court.

If, during the verification process, it is discovered that information provided is false or incorrect YOU WILL BE IMMEDIATELY EXCLUDED FROM THE PROGRAM AND FINE BALANCES MUST BE PAID IN FULL to prevent warrant issuance.

APPLICATION

NAME: \_\_\_\_\_

DL/ID # \_\_\_\_\_

Home Address \_\_\_\_\_
City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long \_\_\_\_\_
Home Tele # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Work Tele # \_\_\_\_\_ Supervisor's # \_\_\_\_\_ Length of Employment \_\_\_\_\_

LIST TWO PERSONAL REFERENCES WHO CAN ASSIST THE COURT IN VERIFYING THE INFORMATION YOU PROVIDE, AND WHO WILL KNOW WHERE YOU CAN BE CONTACTED IF YOU MOVE OR CHANGE EMPLOYMENT:

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
TELEPHONE NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
TELEPHONE NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ACKNOWLEDGMENT AFFIDAVIT

I swear that the above information is true, correct and complete to the best of my knowledge and belief. I attest that I CANNOT MAKE FULL PAYMENT of the fines and state taxes levied against me by the court.

I UNDERSTAND THAT FAILURE TO MAKE SCHEDULED PAYMENTS ON AN EXTENSION OF TIME TO PAY/TIME-PAYMENT PLAN WILL RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST.

I UNDERSTAND THAT THE COURT WILL VERIFY THE INFORMATION IN MY PRESENCE AND THAT FALSIFYING ANY INFORMATION ON THIS FORM WILL RESULT IN MY IMMEDIATE EXCLUSION FROM THE PROGRAM AND THAT FINE BALANCES MUST THEN BE PAID IN FULL TO PREVENT WARRANT ISSUANCE.

I ALSO UNDERSTAND THAT FAILURE TO RETURN THE COMPLETED FORM ON OR BEFORE THE DUE DATE WILL RESULT IN EXCLUSION FROM THE PROGRAM AND WARRANT ISSUANCE IF FINE BALANCES ARE NOT PAID IN FULL.

I promise that until my court debt(s) have been paid in full, I will notify the court of any changes to the information on this form in person or by first class mail at the following address: City of Irving Municipal Court, 305 N. O'Connor Rd., Irving, Texas, 75061.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Court Clerk \_\_\_\_\_

Date \_\_\_\_\_

