



PILOT POINT MUNICIPAL COURT
 102 E. Main Street, Pilot Point, Texas 76258
 Telephone: 940-686-4707; Fax: 940-686-4338
 www.cityofpilotpoint.org

APPLICATION FOR PAYMENT PLAN

IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT

*****for persons at least age of 17 years of age at time of offense / not eligible if a Minor for Alcohol or Tobacco****

NAME	DATE	CITATION NO.	
ADDRESS	CITY	STATE	ZIP
PHONE / CELL NUMBER	E-MAIL ADDRESS		

You must meet the following in order to get a payment plan;

- Must be at least age 17 at time of offense.
 - *Not eligible if under 17 yoa at time of offense.*
- Must have a valid driver's license or ID.
 - *If you have no ID you must make a personal appearance before the judge.*
- Must make a down payment of not less than \$50.00 per violation (unless otherwise approved).
 - *Cash, Credit Card, Check or money order payable to City of Pilot Point.*
- You must complete the attached time payment application.
 - *Incomplete applications will not be accepted.*
- You must enter a plea of Guilty or No Contest.
 - *Plea form attached; you may enter only 1 plea.*

****please check one**

I would like to make my payments

- WEEKLY, TO START _____ - BI-WEEKLY, TO START _____

- SEMI-MONTHLY, TO START _____ - MONTHLY, TO START _____

(I understand that any portion of the fine and costs is paid on or after the 31st day after the date of the judgment, that I shall be required to pay an additional \$25.00 as required pursuant to Sec. 51.921, Government Code.)

*****By signing this form in the space provided below I hereby swear and affirm that the information in this form and the answers I have made in the attached Application for Payment Extension - Payment Plan are true and correct to the best of my knowledge.***

*****By signing below, I request that the Court grant my request for a payment plan for the citation listed above.***

*****I also understand that I am required to notify the court of any changes in my address or phone number.***

*******This form must be signed in front of a notary public or it will be returned back to you*******

 Defendant signature

Signed before me this _____ day of _____, 20____

Notary seal

 Notary Public in and for the State of Texas

PILOT POINT MUNICIPAL COURT

102 E. MAIN STREET * PILOT POINT, TEXAS 76258

Phone: 940-686-4707 Fax: 940-686-4338

Complete both
sides of this
application

**APPLICATION FOR PAYMENT EXTENSION - PAYMENT PLAN
OF FINE AND COURT COSTS**
(SOLICITUD DE VENTANA PARA LA EXTENSIÓN DEL PAGO DE MULTA Y GASTOS DE TRIBUNAL)
(Please complete all information and please print legibly). Phone numbers are verified.

Citation No.

LEAVE NO BLANKS ON APPLICATION. USE N/A IF IT DOES NOT APPLY

Last Name (*Apellido*) **First Name** (*Primer Nombre*) **Middle** (*Segundo Nombre*)

Date of Birth (*Fecha de Nacimiento*) / **Drivers Lic. or ID No.** (*Numero de Licencia O de ID*) / **State** (*Estado*)

Address - Street No./Name/ PO Box (*Calle*) **Apt.** (*No. de Apartamento*) **City** (*Ciudad*) **State** (*Estado*) **Zip** (*Codigo Postal*)

Mailing Address - Street No./Name/ PO Box (*Calle*) **Apt.** (*No. de Apartamento*) **City** (*Ciudad*) **State** (*Estado*) **Zip** (*Codigo Postal*)

Home Phone (*Telefono de su Casa*) / **Cell Phone** (*Numero Cellular*) / **E-mail** _____
 Verified

Place of Employment *(Direccion De Trabajo)* **Address of Employment** **I get paid** Weekly Bi-Weekly
 Semi-Monthly Monthly
Work Phone (*Telefono de Trabajo*) **Supervisor Name** (*Nombre de Supervisor*)
 Verified

IF NOT EMPLOYED then provide who will guarantee that your payment(s) will be made.

NAME **ADDRESS** **PHONE**
 Contacted guarantor they understand they will have to appear in court if payment is not made **Verified**

If no phone, number where you can be reached and through whom _____
(Si ningun telefono, numero donde po dremos comunicarnos con usted y con quien hablar)
 Verified

List of names, & phone numbers of two references
(Lista de nombres, las direcciones, y numeros de telefono de los referencias personales que no sean familiares de usted)

Name (Nombre) **Phone Number** (telefono) **Relationship** (relacion)

Name (Nombre) **Phone Number** (telefono) **Relationship** (relacion)
 Verified

APPLICATION CONTINUED.....

Do you receive any of the following? No Yes (if so, mark below)

- SSI benefits? (Deshabilidad) \$ _____ Unemployment (Desempleo) \$ _____
 Welfare ? (Asistencia de Social) \$ _____ Social Security Disability (Retiro de Seguridad Social) \$ _____

ACKNOWLEDGEMENT AND DECLARATION

By my signature below the information above is true and correct to the best of my knowledge.

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. I authorize the Pilot Point Municipal Court, their 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 to pay fine and courts costs now due and payable to City of Pilot Point.

(RECONOCIMIENTO Y DECLARACION)

(Con Mi Firma Abajo Declaro Que Esta Informacion Es Verdad Y Es Correcto Con El Mejor De Mi Conocimiento.)

(Bajo pena del perjurio, yo por la presente certifico que la información que he suministrado es completa y exacta de mi condición financiera actual. Autorizo el de la Corte Municipal de Pilot Point, sus empleados o los agentes a realizar una investigación completa de mi declaración. Entiendo que esta investigación puede incluir comprobaciones de toda información y obtener de informes de agencias de cobertura de crédito. Está con esta comprensión y el reconocimiento que solicita formalmente que un extensión de tiempo de pagar multa fastos tribunales y los tribunales ahora debido y pagadero al la Ciudad de Pilot Point.)

Defendant's Signature (*Firma de acusado*) _____

Date _____

****DO NOT WRITE BELOW THIS SECTION****

FOR OFFICE USE ONLY

Received & verified by: _____

(Stamp received here)

PAID DOWN \$ _____ -TODAY - ON OR BY: _____

AGREED TO PAY \$ _____ -WEEKLY -BI-WEEKLY -SEMI-MONTHLY -MONTHLY

TO START _____

Defendant's file updated (if needed)