

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 (<i>Apellido</i>)	First Name (<i>Primer Nombre</i>)	Middle (<i>Segundo Nombre</i>)		
_____ / _____ / _____				
Date of Birth (<i>Fecha de Nacimiento</i>)	Drivers Lic. or ID No. (<i>Numero de Licencia O de ID</i>)	State (<i>Estado</i>)		
_____ / _____ / _____				
Address - Street No./Name/ PO Box (<i>Calle</i>)	Apt. (<i>No. de Apartamento</i>)	City (<i>Ciudad</i>)	State (<i>Estado</i>)	Zip (<i>Codigo Postal</i>)
_____ / _____ / _____ / _____ / _____				
Mailing Address - Street No./Name/ PO Box (<i>Calle</i>)	Apt. (<i>No. de Apartamento</i>)	City (<i>Ciudad</i>)	State (<i>Estado</i>)	Zip (<i>Codigo Postal</i>)
_____ / _____ / _____ / _____ / _____				

_____ / _____ / _____		
Home Phone (<i>Telefono de su Casa</i>)	Cell Phone (<i>Numero Cellular</i>)	E-mail
_____ / _____ / _____		
<input type="checkbox"/> Verified		

Place of Employment (<i>Direccion De Trabajo</i>)	Address of Employment	I get paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
_____		<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
Work Phone (<i>Telefono de Trabajo</i>)	Supervisor Name (<i>Nombre de Supervisor</i>)	
_____		<input type="checkbox"/> Verified

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

<input type="checkbox"/> Contacted guarantor they understand they will have to appear in court if payment is not made <input type="checkbox"/> Verified		

If no phone, number where you can be reached and through whom _____		
<i>(Si ningun telefono, numero donde po dremos comunicarnos con usted y con quien hablar)</i>		
<input type="checkbox"/> Verified		

List of names, & phone numbers of two references <i>(Lista de nombres, las direcciones, y numeros de telefono de los referencias personales que no sean familiares de usted)</i>		
Name (<i>Nombre</i>)	Phone Number (<i>telefono</i>)	Relationship (<i>relacion</i>)

Name (<i>Nombre</i>)	Phone Number (<i>telefono</i>)	Relationship (<i>relacion</i>)

<input type="checkbox"/> 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

(Stamp received here)

Received & verified by: _____

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

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

TO START _____

Defendant's file updated (if needed)