

**DEFENDANT'S PAYMENT ARRANGEMENT REQUEST**

Defendant Name: \_\_\_\_\_ Citation Number: \_\_\_\_\_  
DOB: \_\_\_\_\_ Offense: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Home Phone# \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

**Instructions:** Complete the appropriate section regarding your request. The court will correspond back with paper work pertaining to Payment Plans or 30 day Extensions. You will need to return original forms back signed and dated. **It is the Defendants responsibility to follow up with the Clerk's office at 512-281-0318 to verify your request.** If your request pertains to more than one offense, EACH offense will need a separate form filled out.

**REQUESTING 30 DAY EXTENSION TO PAY FINE IN FULL:** I understand that I must pay my fine in full by the 30<sup>th</sup> day or a \$25.00 fee will be added. **I am entering a plea of:**  **Guilty** or  **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay fine in full.

**REQUESTING PAYMENT PLAN** to pay the fine amount plus the \$25.00 fee within four (4) months. I understand that I must make subsequent payments every 30 days on the 5<sup>th</sup> of every month.

**I am entering a plea of:**  **Guilty** or  **No Contest** for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

**REQUESTING EXTENTION ON EXISTING PAYMENT PLAN:** I am requesting more time to make my payment on \_\_\_\_\_ (date) for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR PAYMENT OF FINE AND COURT COST

Complete this Application in its entirety. Please print. Do not leave any blank spaces. If an item does not pertain to you, fill with "n/a" (not applicable).

<b>DEFENDANT</b>					
FULL NAME: /Nombre Completo:			NICKNAME/MAIDEN NAME: Apodo, Apellido de Soltero(a)		
SSN:/No. de Seguro Social	DATE OF BIRTH: Fecha de Nacimiento:	AGE:/Edad	STUDENT/Estudiante: PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>	COLLEGE/UNIVERSITY: Colegio/univer.	
Domicilio Actual: CURRENT ADDRESS: _____ Cuidad _____ Estado _____ Codigo Postal _____ CITY: _____ STATE: _____ ZIP CODE: _____		How long/Cuanto Tiempo		APT. OR LOT #:	DATE MOVED INTO CURRENT RESIDENCE: _____
Domicilio Anterior: PREVIOUS ADDRESS: _____ CUIDAD _____ ESTADO _____ CODIGO POSTAL _____ CITY: _____ STATE: _____ ZIP CODE: _____		DO YOU CURRENTLY HAVE A RELATIVE LIVING WITH YOU WHO IS AN ADULT OR JUVENILE ON PROBATION? _____ (Ay alguien en su hogar que esta en Probation (Joven o Adulto?))		ALIEN STATUS: _____ RACE: _____ GENDER: _____ EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT _____	
PERMANENT MAILING ADDRESS: (STUDENTS WILL LIST THEIR PARENTS ADDRESS): Direccion permanente de correo			APT OR LOT #:	PHONE #	
HOME PH #:/ Telefono Residencial:		CELL PHONE #: No. celular		WORK PHONE #:/ No. de Trabajo	
DRIVERS LICENSE #: / No. de Licencia		STATE:/ Estado		EMAIL:/ Numero de Correo Electronico	
SINGLE <input type="checkbox"/> Soltero (a)		MARRIED <input type="checkbox"/> Casado(a)		DIVORCED <input type="checkbox"/> Divorciado(a)	
		SEPARATED <input type="checkbox"/> Separado(a)		WIDOWED <input type="checkbox"/> Viudo(a)	
NUMBER OF DEPENDENTS: / No. de Dependientes CHILDREN: _____ AGES: _____ OTHER: _____ Hijos Edades Otro			DO THEY LIVE WITH YOU? Viven con Usted? _____ HOW MANY?Cuantos: _____		
EMPLOYER: (NAME & ADDRESS)/ Nombre y direccion de empleador:		SUPERVISOR NAME: Nombre de Supervisor		PHONE #: No. del Supervisor	
LENGTH OF TIME: Cuanto Tiempo en Trabajo		POSITION: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		HRS PER WK:Horas por semana DATE OF NEXT CHECK Proximo Cheque	
				HOURLY PAY:/ Pago por hora \$ _____ BIWEEKLY PAY:/ Por quincena \$ _____	
UNEMPLOYED?/ Desempleado YES _____ NO _____		HOW LONG?/Cuanto Tiempo MONTHS _____ YEARS _____ Meses Años		ARE YOU SEEKING WORK? Estas Buscando Trabajo?	
				TYPE OF WORK: Tipo de Trabajo:	
<b>SPOUSE/ ESPOSO (A)</b>					
FULL NAME: Nombre Completo			NICKNAME/MAIDEN NAME:/ Apodo, Apellido de Soltera		
SSN:/No. de Seguro Social		EMPLOYER:/Empleo/empleador/		SUPERVISOR NAME: Nombre de Supervisor	
				PHONE #:/ No. Telefono	
POSITION:	LENGTH OF TIME: Cuanto Tiempo	HOURS PER WEEK: Horas por semana	DATE OF NEXT CHECK: <u>Fecha de siguiente cheque</u>	BIWEEKLY PAY:/Quincenal	WEEKLY PAY: Pago semanal
<b>REFERENCES/ REFERENCIAS</b> (ADDRESSES OF RELATIVES NOT LIVING WITH YOU)					
FULL NAME&ADDRESS OF RELATIVE/ Nombre y direccion:			RELATIONSHIP: Relacion:		PHONE #:/ No.Telefono
FULL NAME&ADDRESS OF RELATIVE/ Nombre y direccion:			RELATIONSHIP: Relacion:		PHONE #:/ No.Telefono
NON-RELATIVE WHO HAS KNOWN YOU OVER ONE YEAR: Nombre de alguien (NO pariente) que lo conozca por mas de un año:			PHONE #:/ Telefono		
NON-RELATIVE WHO HAS KNOWN YOU OVER ONE YEAR: Nombre de alguien (NO pariente) que lo conozca por mas de un año:			PHONE #:/ Telefono		

MONTHLY INCOME RECEIVED Ingreso Mensual (Entradas)		MONTHLY EXPENSES PAID Gasto Mensual	
Net Pay (take home) self:	\$ _____	Mortgage/Rent (yours)	\$ _____
Net Pay (take home) spouse	_____	Second Mortgage	_____
Unemployment	_____	Utilities: (your share only)	
Workers Compensation	_____	Electricity	_____
Accident Benefits	_____	Gas/propane	_____
Social Security	_____	Water	_____
Retirement/Pension	_____	Total Utilities	_____
Child Support	_____	Telephone	_____
Alimony/Maintenance	_____	Cable/Satellite T.v.	_____
Disability	_____	Internet Service Provider (ISP)	_____
Veterans Benefits	_____	Vehicle Gas/Maintenance	_____
Parent/Guardian Support	_____	Vehicle Loans	_____
Interest/Dividends	_____	Vehicle Insurance	_____
Rental Property	_____	Medical	_____
Other	_____	Life/Health Insurance	_____
Other	_____	Childcare	_____
		Child Support	_____
		Loans (personal/student etc.)	_____
		Probation Fee	_____
		Bank/Store credit cards	_____
		Other	_____

OFFICE USE ONLY			
\$ _____	-	\$ _____	= \$ _____
MONTHLY INCOME		MONTHLY EXPENSES	DISPOSABLE INCOME

ASSETS					
Vehicle #1 (make, model)	Year:	Plate No.	State:	Exp. Date:	Value:
Vehicle #2 (make, model)	Year:	Plate No.	State:	Exp. Date:	Value:
Bank Accounts: (name, address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Balance:	
Bank Accounts: (name, address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Balance:	
Credit Union Account: (name, address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Estimated Value:	
Investment Account: (name, address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Estimated Value:	
Individual retirement Account (IRA): (name, address of institution)		Type:		Estimated Value:	
Personal Assets: (IRA): (boats,jetskis,cash value on life insurance policy, live stock, trailers, etc..)		Location/Storage		Estimated Value:	
Additional Comments:					

### ACKNOWLEDGEMENT AND DECLARATION

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize Elgin Municipal Court, 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 acknowledgement that I formally request an extension of time for payment of the fine and court costs now due and payable to the Elgin Municipal Court as set forth in the Court Order. I agree to the terms and conditions of the payment schedule and I understand that violation of any part of the payment agreement may result in the issuance of a **WARRANT FOR MY ARREST**. I understand that failure to pay may cause an increase of \$30 plus 30% increase to the fees. You must immediately report to the Municipal Court office any changes to your address, phone number, place of employment or job status.

X \_\_\_\_\_  
Signature of Defendant

X \_\_\_\_\_  
Parent's Signature  
(if Defendant is under 17 yrs)

Sworn and Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by the Defendant



\_\_\_\_\_  
(Clerk)(Deputy Clerk), Municipal Court  
City of Elgin  
Bastrop County, Texas

ASSETS					
Vehicle #1 (make, model)/ Vehiculo # 1 tipo, modelo)	Year./Año	Plate No./ Placas	State:/ Estado	Exp. Date: Vencimiento	Value:/ Valor
Vehicle #1 (make, model)/ Vehiculo # 1 tipo, modelo)	Year./Año	Plate No./ Placas	State:/ Estado	Exp. Date: Vencimiento	Value:/ Valor
Bank Accounts: (name, address of institution)/ Cuenta Bancaria		Checking/ Cheques: <input type="checkbox"/> Savings/ Ahorro: <input type="checkbox"/>		Balance:	
Bank Accounts: (name, address of institution)/ Cuenta Bancaria		Checking/ Cheques: <input type="checkbox"/> Savings/ Ahorro: <input type="checkbox"/>		Balance:	
Credit Union Account: (name, address of institution)/ Unión de Crédito		Checking/ Cheques: <input type="checkbox"/> Savings/ Ahorro: <input type="checkbox"/>		Estimated Value:/ Valor Estimado:	
Investment Account: (name, address of institution)		Checking/ Cheques: <input type="checkbox"/> Savings/ Ahorro: <input type="checkbox"/>		Estimated Value:/ Valor Estimado:	
Individual retirement Account (IRA): (name, address of institution)		Type:/ Tipo:		Estimated Value:/ Valor Estimado:	
Personal Assets: (IRA): (boats,jetskis,cash value on life insurance policy, live stock, trailers, etc..)		Location/Storage Lugar Almacen		Estimated Value:/ Valor Estimado:	
Additional Comments:/ Comentarios					

**DECLARACION:**

Bajo pena de perjurio, certifico lo anterior como una declaración completa y exacta de mi actual situación financiera. Autorizo a la Corte Municipal de Elgin, sus empleados o agentes para llevar a cabo una investigación completa y exhaustiva de mi declaración. Entiendo que esta investigación podría incluir verificaciones directas de toda la información dada y la obtención de informes de las agencias de informes de crédito. Es con este entendimiento y reconocimiento de que solicito formalmente una extension del plazo para el pago de los costos de multa y ahora ante el Tribunal Municipal de Elgin como se establece en la Orden de la Corte. Acepto los términos y condiciones del plan de pagos y entiendo que la violación de cualquier parte del acuerdo de pago puede resultar a la emisión de una **ORDEN DE ARRESTO** en mi contra. Entiendo que la falta de pago puede causar un aumento de \$ 30 ala multa mas aparte 30% de los honorarios. Usted debe informar inmediatamente a la oficina de la Corte Municipal cualquier cambio en su dirección, número de teléfono, lugar de trabajo o el estado del trabajo.

X \_\_\_\_\_  
Firma de Defendiente

X \_\_\_\_\_  
Firma de padres  
(si el Demandado es menor de 17 años)

Sworn and Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by the Defendant



\_\_\_\_\_  
(Clerk)(Deputy Clerk), Municipal Court  
City of Elgin  
Bastrop County, Texas