Print Form

SMITH COUNTY COURTS
APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN

(Complete both pages – please print) Incomplete applications will not be accepted.

Citation # _____

PERSONAL INFORMATION:

Name:

_____
Last First Middle

Address:

_____
Street City/State Zip Code

Phone Number: _____ Is this number your home__ or other__? (where)_____

Race ___ Sex ___ Ht._____ Wt._____ Color Eyes_____ Color Hair_____

Date of Birth _____ Drivers Lic/I.D. #_____ Social Sec. #_____

If married, Spouses Name_____
Last First Middle

Two persons who will know how to contact you at all times:

_____
Name Address Phone

_____
Name Address Phone

EMPLOYMENT INFORMATION: EMPLOYED___ UNEMPLOYED___ How Long? _____

_____
Company Name Address Phone # Position/How Long?

Hourly wage $_____Take Home Pay $_____ circle one: weekly/bi-weekly/monthly Next Pay Day _____

Spouse's Employer:

_____
Company Name Address Phone# Position/How Long?

Hourly wage $_____Take Home Pay $_____ circle one: weekly/bi-weekly/monthly Next Pay Day _____

Are you a student? Yes___ or No ____ If yes, Name of School _____

PLEASE LIST ANY OTHER SOURCES OF INCOME AND THE AMOUNT(S):

Welfare $_____ Retirement $_____ Social Security $_____ Unemployment $_____

Food Stamps $_____ Disability $_____ Child Support $_____ Other : $_____

Bank Accounts: ___Checking ___Savings Bank Name_____ Balance $_____

Do you own your home? Yes__ No__ If yes, give Name of Mortgage Company _____

OBLIGATIONS:

Number of Dependents you support? ____ [ ] Spouse [ ] Children _____ [ ] Other_____

List All of Your Creditors (ex. Loans, Credit Cards, etc.)

Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)

Necessary Monthly Expenses Paid:

Mortgage / Rent $_____ Electric $_____ Gas $_____ Phone $_____Water $_____

Food $_____ Child Care $_____ Child Support $_____ Life/Health Ins. $_____

Alimony $_____ Other $_____

If renting _____
Landlord's Name Address Phone #

PLEASE CHECK ONE OF THE FOLLOWING PLEAS:
[ ] I hereby enter a plea of guilty and waive appearance for trial.
[ ] I hereby enter a plea of nolo contendre (no contest)

ACKNOWLEDGMENT AND DECLARATION:
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 Collections Department of Smith County, 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 have formally entered a plea of no contest or guilty and request an extension of time to pay fine and courts costs now due and payable to Smith County

Sworn and Subscribed to this _____ day of _____ 200__, by the Defendant.

X_____
Defendant's Signature

(For Office Use Only)

Verification and Interview completed by: _____ _____
Court Clerk Signature Date

Mail Application To:

SMITH COUNTY COURT COLLECTIONS
200 E. FERGUSON #213
TYLER, TEXAS 75702
903-590-4624