

PAYMENT PLAN APPLICATION

Justice Court, Precinct 1
Hill County, Texas

Case Number: _____

STOP: Review the Standard Judicial Order Prior to Completing this Form.

Upon Approval, The defendant shall make an initial payment of 20% or \$50.00 (whichever is greater) to have an extension or payment plan established. Defendants that have a Capias Pro Fine issued must pay in full unless otherwise approved by the Judge. *Payments can be taken via Cash, Cashiers Check, Money Orders And Credit Cards Only*

- Payment plans requiring more time than prescribed above **MUST** have approval by the Judge.
- A defendant who is already set up on a payment plan or has been given an extension to pay and is unable to make the required payment may have a modification to the payment plan or granted additional time to make a payment not to exceed 10 days (note: a modification to the payment plan does not change the original pay schedule).
- No extension to make a payment shall be granted over the telephone.
- A \$15.00 Time Payment fee will be assessed if entire fine and costs are not paid before the 31st day from Judgment in accordance with Section 133.103 Texas Local Government Code.
- **All information provided within this application must be completed by the defendant and must be current, accurate, and true. Please ensure to fill out all the required fields.**

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE NUMBER: _____

DRIVER'S LICENSE / ID#: _____ STATE: _____ SEX: (circle one) Male / Female

PLEA ENTERED

- Entering a plea of guilty or no contest may result in a conviction appearing on your criminal record or driving record. You should contact an attorney if you have questions or concerns regarding this issue.
- The Transportation Code provides that the Texas Department of Public Safety may suspend Defendant's driver's license following a conviction for certain offenses. *You should contact an attorney if you have questions or concerns regarding this issue.*

I, Defendant, in this case, waive my right to a jury trial and the other rights described above, and I hereby enter the following plea to the charged offense: (Choose One)

- Guilty
- Nolo Contendere ("No Contest")

And request to set up a payment plan with the Court. ***I understand that entering the plea indicated above may result in any or all of the following:*** a criminal conviction; **and** the assessment of a fine and court costs.

I further understand that I will be obligated by law to satisfy the Court's judgment in this cause.

NAME & PHONE NUMBER OF TWO (2) PERSONAL REFERENCES

#1 NAME: _____

PHONE#: _____

#2 NAME: _____

PHONE#: _____

WARNING: KNOWINGLY PROVIDING MATERIALLY FALSE INFORMATION TO THE COURT ON THIS APPLICATION IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND/OR A MAXIMUM FINE UP TO \$4,000.00.

PLEASE READ AND SELECT ONE OPTION

- I agree that I: 1) understand the STANDARD PAYMENT PLAN terms, 2) believe that I have the ability to successfully meet the payment plan terms; and 3) decline the opportunity for local program staff to review my payment ability information to consider lower monthly payments or a longer term than those provided in the standard payment plan. Note: Payment Ability Information Form NOT Required

Choose ONLY One Payment Plan Option

- o **Option 1:** Set amount based on total amount due.

AMOUNT DUE:

\$99.00 OR LESS

\$100.00 - \$299.00

\$300.00 - \$499.00

\$500.00- OR MORE

TIME ALLOWED:

30 DAYS

1-3 MONTHS

4-5 MONTHS

6 MONTHS

- o **Option 2:** Monthly payment of \$50.00 or 20% (whichever is greater) due on the 30th of each month to satisfy fine and court cost.
- o **Option 3:** Pay in full within 30 days.

- I request for court staff to review my payment ability information to consider COURT SET PAYMENT PLAN or a longer term than those provided in the standard payment plan. *Note: Pursuant to Collections Improvement Program 175.3(a)(3)(b), a **PAYMENT ABILITY INFORMATION FORM must be filed with this option.***

ACKNOWLEDGMENT AND DECLARATION

Under penalty of perjury I hereby certify that all of the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Hill County Justice Court, employees or agent. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. I also certify that I will keep you informed of all changes in address and phone numbers.

Defendant's Signature

Date