

CAUSE NUMBER(S):

**PARKER COUNTY JP #3/COLLECTIONS OFFICE
PAYMENT PLAN APPLICATION FOR COURT-ORDERED
FINES, FEES & COURT COSTS**

DEFENDANT CONTACT INFORMATION

Name:	Home Address:		
Date of Birth:	City:	State:	ZIP Code:
Primary Phone Number:	E-mail:		
Driver's License or ID #	State		

REFERENCES

Reference #1 Name:	Phone:
Reference #2 Name:	Phone:

Note to Collection Program Staff: The mailing address or email address of the references are acceptable alternatives to collecting the phone number.

PAYMENT ABILITY INFORMATION

CHECK ALL THAT APPLY

I am a student in high school.

I receive public assistance under the following program(s):

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Women, Infants and Children (WIC) Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Other – Please list: _____

HOUSEHOLD SIZE AND MONTHLY INCOME

Number of Dependents:	Defendant's Monthly Take Home Pay:	Defendant's Monthly Other Income:
	Spouse's Monthly Take Home Pay:	Spouse's Monthly Other Income:

MONTHLY EXPENSES

Rent/Mortgage:	Utilities:	Food:	Transportation/Gas:
Child Care:	Insurance:	Medical/Dental:	Child Support:
Alimony:	Other:	Other:	Other:

DEBT

Debt Type:	Balance Due:	Monthly Payment Amount:
Debt Type:	Balance Due:	Monthly Payment Amount:
Debt Type:	Balance Due:	Monthly Payment Amount:

BANK ACCOUNTS

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Account Balance:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Account Balance:

ADDITIONAL INFORMATION

Please provide any additional information that explains your financial situation:

The foregoing information is a complete and accurate statement of my current financial condition.

Defendant's Signature:	Date:
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COLLECTION PROGRAM USE ONLY

Date information received:	Date primary phone verified:	Verified by:
Payment ability information <input type="checkbox"/> meets <input type="checkbox"/> does not meet TAC §175.3 (a)(6)(A) criteria for required submission to the court.		Date payment ability information provided to the court, if required:

Notes:

YOU'RE INITIALS BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENTS, UNDERSTAND IT, AND AGREE TO IT.

_____ I promise that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of address or telephone number at the following address, Parker Co. JP #3, 1112 Santa Fe Dr., Weatherford, TX 76086, within five days of the change.

_____ **I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION UNTIL MY FINES ARE PAID IN FULL TO NOTIFY THE COURT OF ANY CHANGES IN FINANCIAL STATUS THAT MAY HINDER MY ABILITY TO SATISFY THE JUDGMENT OR HELP ME SATISFY THE JUDGMENT.**

_____ I understand that if I pay part of the fine, costs, or restitution (if applicable) on or after the 31st day after the judgment was entered that I am responsible for paying a \$15.00 time payment reimbursement fee.

_____ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine. (Sec. 37.01 Penal Code) I swear that all the information in this application is true and correct, and complete to the best of my knowledge and belief.

_____ I authorize Parker County JP#3, employees or agents, to conduct a complete and thorough investigation of my statements. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit agencies.

Date: _____ **Defendant's Signature:** _____

Sworn and subscribed before me this day _____ of _____, 20____.

Compliance and Collections Officer

CAUSE NO: _____

THE STATE OF TEXAS

X

IN THE JUSTICE COURT

VS

X

PRECINCT THREE

X

PARKER COUNTY, TX

I, _____, defendant in the above styled and numbers cause, do hereby waive jury trial and plead **GUILTY/NO CONTEST** (CIRCLE ONE) to the offense of _____, and (*check one of the following*):

_____ will submit a money order for the fine and court costs in the amount of \$_____ payable to Parker County J.P. #3 no later than _____.

_____ I am requesting community service work in lieu of paying the acceptable fine and will submit the completed paperwork and pay the OMNI fee (if applicable) by _____.

I also understand that my failure to submit the payment or community service paperwork (and OMNI fee if applicable) by the date stated above will result in an additional time payment reimbursement fee of **\$15.00** being added to the fine amount.

I also understand that my failure to submit the payment or community service paperwork (and OMNI fee if applicable) as stated above will result in a warrant being issued for my arrest or the case(s) will be placed in the Omni base system which means the Department of Public Safety will deny renewal of my driver's license.

Defendant Signature

Date

MAIL TO:

Parker County J.P. #3
Courthouse Annex
1112 Santa Fe Dr.
Weatherford, Tx 76086
(817) 598-6192
(817) 598-6112 fax

**A copy of this document was
_____ given _____ mailed to
the defendant on _____.**

Court Clerk

CAUSE NO. _____

THE STATE OF TEXAS

§

IN THE JUSTICE COURT

VS.

§

PRECINCT THREE

§

PARKER COUNTY,
TEXAS

PAYMENT AGREEMENT SCHEDULE

CAUSE NUMBER

FINE AMOUNT

HEARING & DUE DATE

<u>CAUSE NUMBER</u>	<u>FINE AMOUNT</u>	<u>HEARING & DUE DATE</u>

NOTE: PLEA FORM MUST ACCOMPANY PAYMENT OF FINE!

This is your formal notice that in the event you fail to make each payment on time pursuant to this installment agreement, **then you are required to appear at this Court at 11:00AM on the same date your payment is due.** The purpose of this hearing is for you to show cause why you have failed to make such payment. **YOUR FAILURE TO MAKE PAYMENT OR TO APPEAR AS REQUIRED HEREIN** will result in a warrant(s) being issued for your arrest and the possibility of a Failure to Appear charge being filed against you. **NOTE: PAYMENTS BY MAIL MUST BE SENT IN TIME TO REACH THE COURT BY THE DUE DATE.**

CONTINUANCE AGREEMENT

I hereby acknowledge the receipt of a copy of the Payment Agreement Schedule & notice of hearing date(s) & I understand and agree that I will appear on each due date of each payment if I fail to make the required payments. I also understand & agree that should I fail to appear, warrant(s) will be issued for my arrest & there is a possibility of an additional charge being filed against me. I also understand & agree that a copy of this agreement is the only notice I will receive concerning these hearing dates & that no further notice will be sent.

Defendant's Signature

Date

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 20____.

Judge/Court Clerk, Justice Court
Precinct Three, Parker County, Texas
1112 Santa Fe Dr., Weatherford, TX 76086
817-598-6192