

## **PLEA FORM**

**Please Print:**

Name \_\_\_\_\_ Cause #: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

DOB \_\_\_\_\_ Driver License #: \_\_\_\_\_

A defendant who is convicted of a criminal offense punishable by fine only is entitled to alternative methods of satisfying the judgment against them if they are unable to pay the fine or costs, in whole or in part. Those alternative methods include a payment plan, disposition of the amount assessed by performing community service, or if performing community service imposes an undue hardship, a defendant who is indigent or who lacks sufficient resources to pay is entitled to a waiver of the fine and costs, in whole or in part.

**Check One:**

- ☐ 1. I hereby enter a plea of GUILTY and waive appearance for trial.
- ☐ 2. I hereby enter a plea of NOLO CONTENDERE and waive appearance for trial.

\_\_\_\_\_ 1. I request the ability to complete Community Service Hours to satisfy my fine in full. All information in this application is true and correct and I understand the information will be verified.

**OR**

\_\_\_\_\_ 2. I am requesting for the court to set an Indigency Hearing with the Judge to review my inability to pay and satisfy my outstanding fine(s). All information in this application is true and correct and I understand the information will be verified.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## Williamson County JP3 Payment Plan Application for Payment of Fine, Fees & Court Costs

**Cause#** \_\_\_\_\_ **(Court to complete)**

### Applicant Information/Información Solicitante

Name:	Date of birth:	Are you currently enrolled in High School? Y / N
Phone Number:	Alt Phone Number:	Name of High School:
Current address:		
Mailing Address (if different)		
Email Address:		Driver's License #

### Employment Information/Información de empleo

Current employer:		# of Dependents:
Employer address:		Supervisors Name:
Phone:	Alt Phone:	Monthly income:
City:	State:	ZIP Code:
Position:	E-mail:	Household Monthly income:

### Spouse Information/Información del cónyuge

Name:		
Phone:	Monthly income:	
Employer:		Employer Phone:

### Essential Expenses/Gastos esenciales (enter amount per month/Ingresa el monto por mes)

Utilities	Alimony	Insurance:	Groceries:	Child Care:
Other	Phone:			Child Support:

### I Own The Following Property. Tengo la siguiente propiedad

House	Monthly Payment:	Balance Owed:
I do not own, I Rent	Monthly Payment:	
Car/Truck:	Monthly Payment:	

### I Have The Following Money / Tengo el siguiente dinero

In Jail:	At Home:	In Checking Account:
In Savings Account:	In Safety Deposit Box:	Being Held/Owed to me:
Other:		

### Do you receive Government Assistance? Recibes ayuda del gobierno?

Yes	No	(Please circle)
If Yes, What Type(s) (Please circle) WIC SNAP SSI CHIP Medicaid Other : _____		

Bank Account/Cuenta bancaria		
Name of Bank:	Checking   Savings   (Please circle)	Available Balance: \$
References/Referencias (2 Personal References not within same household)		
Name:	Address:	Phone:
<p>Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the County Collections Clerk of Williamson County, its employees or agents to conduct a complete and thorough investigation of my statement. It is with this understanding and knowledge that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Williamson. YOU ARE ORDERED TO NOTIFY THE COURT IN WRITING ANY CHANGES TO YOUR INFORMATION.</p>		
Defendants Signature:		Date:
FOR COLLECTIONS USE ONLY		
Date:	Verified by(initials)	
Collectors Name:		