

Standard Payment Plan Ability Acknowledgement Form

Please Print:

Name _____ Cause #: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home #: () _____ Work #: () _____ Cell: # () _____

Offense: _____ Offense Date: _____

DOB _____ Driver License #: _____

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.

I, _____, Defendant, agree to the terms of the Williamson County Justice of the Peace Precinct 3 Standard Payment Plan to wit:

(Please select one option)

_____ 1. I request the ability to pay a **monthly payment of \$ 40.00** to satisfy my fine. I am able to successfully meet the payment terms each month. At this time, I decline the opportunity for the Collections Staff to review my ability to pay a lower monthly payment.

OR

_____ 2. I request the option to **pay in full within 30 days**. I am able to successfully meet this payment term. At this time, I decline the opportunity for the Collections Staff to review my ability to pay a lower monthly payment.

Two references are required for payment plans:

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

Defendant's Personal Email Address

A \$25.00 Time Payment fee will be assessed to this case if entire fine and costs are not paid before the 31st day from Judgment in accordance with Section 133.103 Texas Local Government Code. Your final Payment plan payment will be the \$40 + \$25 in accordance with this law.

Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement. All information provided is true and correct.

Date

Defendant Signature

Date

Justice Court Clerk