

Williamson County Justice Court Precinct 2

Docket #: _____

Standard Payment Plan **APPLICATION FOR A PAYMENT EXTENSION OF FINE AND COURT COSTS**

(Please complete all information and please print legibly). Phone numbers are verified while at the window.

NAME _____					
Last	First	Middle	Nickname/Maiden Name		
Date of Birth _____		Drivers Lic. or ID No. _____	Social Security No. _____		
Street Address _____					
Street Number/Name		Apt./Lot	City	State	Zip
Mailing Address _____					
P. O. Box or Street		Apt.	City	State	Zip
Phone _____ If no phone, number where you can be Reached and Whom _____					
Work Phone : _____			Cell Phone or Pager # _____		
[For office use only - - Verification of Home/Cell #: Yes _____ No _____ Clerk Initials _____]					
[For office use only - - Application Interview: In Person _____ By Phone _____ Clerk Initials _____]					

PLEASE READ THE FOLLOWING BEFORE SIGNING:

- 1) I understand the payment plan terms.
- 2) I can successfully meet the payment plan terms discussed.
- 3) I 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.
- 4) I understand that I may be credited \$100.00 for every eight hours of community service performed.

By signing this form, I understand that I have entered a plea of No Contest.

Under penalty of perjury, I hereby certify the information I have supplied is a complete, true, and accurate statement. It is with this understanding and acknowledgment that I formally request a Standard Payment Plan, an extension of time, to pay the fine and courts costs now due and payable to Williamson County.

Date

Signature

Warning: Making false or misleading statements on this application is a violation of Texas Penal Code, Section 32.32

Date

Court Clerk Signature