

Williamson County Justice Court Precinct 2
APPLICATION FOR A COURT SET PAYMENT PLAN

APPLICANT PERSONAL INFORMATION

Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Nickname/Maiden Name</i>
Date of Birth:	Drivers License #:	State:	Social Security #:
Address:			
<i>Street Number/Name</i>	<i>Apt./Lot</i>	<i>City, State ZIP Code</i>	<i>County</i>
Mailing Address:			
<i>(If different from above) P.O. Box/Street Number/Name</i>	<i>Apt./Lot</i>	<i>City, State ZIP Code</i>	<i>County</i>
Phone:			
<i>Home</i>	<i>Cell</i>	<i>If no phone, number where you can be reached</i>	<i>Contact Name</i>
E-Mail Address:			
I am (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Number of Children:	Other Dependents:

APPLICANT FINANCIAL INFORMATION

Employer:			
Address:			Phone:
Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	School:
Name of Spouse:	Spouse's Employer:		Address:
Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Other Income:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Bank Account (check all that apply)	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Available Balance: \$	
Do you have Credit or Credit Card(s) available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Limit(s) available to use \$	
Do you receive public assistance, such as, food stamps, WIC, Medicaid, CHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			

APPLICANT EXPENSE/ASSET INFORMATION

Place of Residence: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Describe if house, condominium, apartment, other:	
List Vehicles Owned:	Make:	Model:	Year:
	Make:	Model:	Year:
Estimated TOTAL of Monthly Expenses:	\$		

APPLICANT REQUEST TO COURT

1. I am able to make payments of \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly
2. I (check one) ☐ CAN ☐ CANNOT perform community service hours.
3. If you CAN, how many hours can you perform _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

AGREEMENT

1. By Signing this form, I understand that **I have entered a PLEA OF NO CONTEST.**
2. **Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition.** I further authorize the Williamson County Compliance / Collections office, their employees or agents, to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies.
3. It is with this understanding and acknowledgment that I formally request a payment plan set by the Judge to pay fines and court costs now due and payable to Williamson County.

SIGNATURES

Applicant's Signature	Court Staff Signature
Printed Name	Printed Name
Date	Date