



BASTROP MUNICIPAL COURT
104 GRADY TUCK LANE
BASTROP, TX 78602
512/332-8650 ~ 512/332-8659 Fax

APPLICATION FOR TIME PAYMENT OR EXTENSION OR COMMUNITY SERVICE

STATE OF TEXAS

IN THE MUNICIPAL COURT

VS.

CITY OF BASTROP

BASTROP COUNTY, TEXAS

NAME

INITIAL ALL THAT APPLY.

___ The Court has advised me that I am responsible for satisfying the judgment and sentence:
in the amount of _____ in Cause/citation Number _____

___ I assert that I am too poor to pay the fine and costs immediately and that the following information
is documentation that I have insufficient resources or income to pay today.

___ I request that the Court grant a time payment plan/extension

___ I request that I be able to discharge the fine and costs by performing community service, because I
have no resources to pay and I am unable to pay the fine and costs.

___ I am receiving or I am eligible to receive assistance under a federal program. Name of program:
_____.

EMAIL: _____

Name: _____ PRIMARY Telephone Number: _____

MAILING Address: _____

PHYSICAL Address: _____

SSN: _____ DOB: _____ DL/ID: _____ ST _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per _____ Employer's Telephone Number: _____

Child Support: \$ _____ Retirement: \$ _____ SSI: \$ _____ Unemployment: \$ _____

TOTAL HOUSEHOLD INCOME MONTHLY (INCLUDING SPOUSE/PARTNER) \$ _____

Marital Status (Check One): Married Single Divorced Widowed

Spouse's Name: _____ Spouse's Salary: \$ _____ per _____

Spouse's Employer: _____ Spouse's Job Title: _____

List all your dependents, their ages, and their relationship to you: _____

Your residence is (Check One): Rented Owned Rent-Free

Incomplete application submission could result in denial of pay plan and full payment
will be required within 30 days.

LANDLORD NAME _____ PHONE # _____

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW

FUNDS:

Name of Institution	Address of Institution	Type of Account	Account Balance
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CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- a. Home mortgage payment, rent, land: \$ _____
- b. Utilities (electricity, water, gas, garbage collection): \$ _____
- c. Food (groceries): \$ _____
- d. Cell Phone/Home Phone: \$ _____
- e. Haircuts/manicure/pedicure, etc: \$ _____
- f. Cable/Satellite: : \$ _____
- g. Medical, dental, and prescription expenses: \$ _____
- h. Insurance (auto, life, medical, homeowners/renters): \$ _____
- i. Vehicle payments: \$ _____
YEAR _____ MAKE _____
- j. Alimony or support payments: \$ _____
- k. Alcoholic Beverages: \$ _____
- l. Cigarettes: \$ _____
- m. Recreational Drugs: \$ _____
- n. _____ \$ _____
- o. _____ \$ _____
- p. _____ \$ _____

LIST ALL OF REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST ALL OF YOUR CREDITORS (including Credit Cards) AND THE AMOUNT YOU OWE EACH (Use reverse side if necessary):

VISA \$ _____	MASTERCARD \$ _____
STUDENT LOANS \$ _____	IRS \$ _____
AARONS \$ _____	BASTROP COUNTY \$ _____
BAIL BONDS \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

PERSONAL REFERENCES

Name _____ Phone _____

Name _____ Phone _____

Is someone going to help you pay your fines? _____

Name _____ Phone _____

Address _____ Email: _____

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YOUR **INITIALS** BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, 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 my address or telephone number at the following address 104Grady Tuck Lane Bastrop, Texas 78602 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 MY FINANCIAL STATUS THAT MAY HINDER MY ABILITY TO SATISFY THE JUDGMENT OR HELP ME SATISFY THE JUDGMENT.**

_____ I **understand** that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a \$15 time payment fee.

_____ I **understand** that my agreement to a payment plan today with the City of Bastrop Municipal Court is part of my **court order**.

_____ I **understand** that if I am past due on my **court ordered** pay plan, I will be recalled for a show cause hearing and am subject to a capias pro fine warrant.

_____ I **hereby authorize any designated representative of Bastrop Municipal Court to conduct a thorough investigation of my statements. I understand this could include verification of all information given and obtaining reports from credit reporting agencies and other governmental agencies.**

_____ 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. 37.10, Penal Code) I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.**

ALL DEFENDANTS unable to pay the **ENTIRE FINE AND COURT COSTS WHEN SENTENCED** are **REQUIRED** to **CAREFULLY READ** and **ACKNOWLEDGE** the following:

I, the undersigned, acknowledge that until my fines and courts costs are paid in full, I agree to notify the Court of any changes in my personal financial situation that will likely interfere with my ability to pay the fine and court costs in the manner ordered by the Judge.

It is my responsibility to keep the Court informed of my ability to pay the fine and court costs. It is my responsibility to keep the Court informed in the event of financial hardship.

Depending on the situation, I understand that the Judge may be able to offer me other ways to pay or earn credit towards my fine and court costs. For the Judge to consider such circumstances, and to avoid the possibility of being arrested, I am required to provide timely and sufficient proof to the Court.

Date: _____ Defendant's Signature: _____

Sworn and subscribed before me this day _____ of _____, 202__.

(Judge), (Court Clerk) (Deputy CourtClerk)

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Items you must bring to an indigent hearing:

- Completed payment application
- Income verification:
 - 2 current pay stubs and/or
 - W2 tax form and/or
 - Assistance information such as:
 - Disability pay,
 - Food stamps
 - Housing information
- Most recent utility bills:
 - Water
 - Electric
 - Gas
- Rent, Lease, or House Payment
 - Cancelled check
 - Lease agreement
 - Rent receipt
- Proof of Insurance payments you routinely make.
- Childcare and/or child support statement
 - Cancelled check or
 - Tax return
- Any other bills / statements to verify your income and expenses.

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