

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

VS.

IN THE MUNICIPAL COURT
CITY OF BASTROP
BASTROP COUNTY, TEXAS

NAME

INIT	IAL ALL THAT A	PPLY.							
	The Court has advised me that I am responsible for satisfying the judgment and sentence:								
	in the amount of in Cause/citation Nu			mber					
	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:								
EMAII	 L:		·						
Name:	MAIL: PRIMARY Telephone Number:								
PHYSI	ICAL Address:								
		DO				ST			
Emplo	yer:			Job Title:_					
Emplo	yer's Address: _								
Salary: \$ per		_ per	Employer's Telephone Number:						
Child Support: \$		Retirement:\$	SSI: \$_	U1	nemployment:\$ _				
TOTA	L HOUSEHOLI	O INCOME MONT	HLY (INCLUDIN	G SPOUSE/PAR	RTNER) \$				
Marita	l Status (Check	One): Married □	Single □	Divorced □	Widowed □				
Spouse's Name:				Spouse's S	alary: \$	per			
Spouse	e's Employer:		Spouse's Jo	ob Title:					
List all your dependents, their ages, and their relationship to you:									
Your re	esidence is (Che	ck One): Rented		Rent-Free					

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

Name of Institution Address of Institution	Type of Account	Account Balance
CURRENT MONTHLY EXPENSES FOR YOU AND Y	OUR FAMILY:	
a. Home mortgage payment, rent, land:	\$	
b. Utilities (electricity, water, gas, garbage collection):	\$	
e. 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	Ψ	
i. Alimony or support payments:	\$	
k. Alcoholic Beverages:	\$ \$	
l. Cigarettes:	\$	
m. Recreational Drugs:	\$	
1	\$	
0.	\$	
0.	\$	
LIST ALL OF REAL ESTATE OWNED BY YOU OR Y	OUR SPOUSE:	
LIST ALL OF YOUR CREDITORS (including Credit Ca		OWE EACH
LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary):		
LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary): VISA \$	rds) AND THE AMOUNT YOU O	
LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary): VISA \$ STUDENT LOANS \$	rds) AND THE AMOUNT YOU O	_
LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary): VISA \$ STUDENT LOANS \$ AARONS \$	rds) AND THE AMOUNT YOU O MASTERCARD \$ IRS \$	-
LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary): VISA \$ STUDENT LOANS \$ AARONS \$ BAIL BONDS \$	rds) AND THE AMOUNT YOU O MASTERCARD \$ IRS \$ BASTROP COUNTY \$ \$	
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LIST ALL OF YOUR CREDITORS (including Credit Ca (Use reverse side if necessary): VISA \$ STUDENT LOANS \$ AARONS \$ BAIL BONDS \$ \$ \$ PERSONAL REFERENCES	rds) AND THE AMOUNT YOU O MASTERCARD \$ IRS \$ BASTROP COUNTY \$ \$\$ \$\$\$\$	
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	rds) AND THE AMOUNT YOU O MASTERCARD \$ IRS \$ BASTROP COUNTY \$ \$ \$ \$ \$ Phone	_

LANDLORD NAME_____PHONE #____

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	BY EACH OF THE FOLLOWI IENT, UNDERSTAND IT, ANI		CATES THAT YOU HAVE
mail of any	until my fines have been paid in changes of my address a Lane Bastrop, Texas 78602 w	or telephone number a	at the following address
PAID IN FULI	ND THAT I HAVE A CONTI L TO NOTIFY THE COURT AT MAY HINDER MY ABILI THE JUDGMENT.	OF ANY CHANGES IN	MY FINANCIAL
	hat if I pay any part of the fine, c was entered that I am responsible		
I understand the is part of my co	hat my agreement to a payment ourt order.	t plan today with the City	of Bastrop Municipal Court
	nat if I am past due on my cour n subject to a capias pro fine wan		be recalled for a show cause
thorough inve	orize any designated represe estigation of my statements. I given and obtaining repor agencies.	I understand this could	include verification of all
tampering with fine. (Sec. 37.1	that submitting false financial h a governmental record, pun 0, Penal Code) I swear that al to the best of my knowledge an	nishable by incarceration Il the information in this a	and/or the imposition of a
	NTS unable to pay the EN e REQUIRED to CARE		
I, the under I agree to	rsigned, acknowledge that notify the Court of any chinterfere with my ability to the Judge.	nanges in my personal	financial situation that
	sponsibility to keep the Cos. It is my responsibility ardship.		
other ways consider su	on the situation, I unders to pay or earn credit towa uch circumstances, and to provide timely and sufficion	rds my fine and court of avoid the possibility of	costs. For the Judge to
Date:	Defend	ant's Signature:	
Sworn and subsc	eribed 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:
 - o 2 current pay stubs and/or
 - o W2 tax form and/or
 - O Assistance information such as:
 - Disability pay,
 - Food stamps
 - Housing information
- Most recent utility bills:
 - o Water
 - o Electric
 - o Gas
- Rent, Lease, or House Payment
 - o Cancelled check
 - o Lease agreement
 - o Rent receipt
- Proof of Insurance payments you routinely make.
- Childcare and/or child support statement
 - o Cancelled check or
 - o Tax return
- Any other bills / statements to verify your income and expenses.