

**APPLICATION FOR PAYMENT PLAN
DENTON COUNTY, TEXAS**

Cause (Case) Number(s) _____

Date ____/____/____

DEFENDANT'S PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____

 First MI Last
 Address _____
 Street Apt No. City State Zip Code
 Phone Numbers _____
 Home Cell Personal Email Address
 Social Security Number _____ Driver's License Number _____
 Marital Status : Single Married/Common Law Divorced Widowed Separated
 Name of Spouse _____
 First MI Last
 Spouse's Phone # _____ Spouse's Email address _____
 Minor Child(rens) Name: (0-18 yrs.) Age Relationship Address where they live

Minor Child(rens) Name: (0-18 yrs.)	Age	Relationship	Address where they live

RESIDENCE INFORMATION

Rent: ___ yes ___ no Landlord's Name or Apartment Complex Name: _____ Phone Number: _____
 Own: ___ yes ___ no
 Rent-Free: ___ yes ___ no
 Who do you live with? Name : _____ Phone Number: _____

EMPLOYMENT INFORMATION

Name of Employer: _____ Dates Employed: _____ to _____
 Full Address: _____ Hours worked per week _____ Pay rate: \$ _____
 Employer's Phone Number: _____ Annual Income \$ _____ (including commission)
 Next Pay Day date: _____ Circle one: Weekly Bi-weekly Monthly Other: _____
 * If unemployed, explain why : _____
 Name of Spouse's/Partner's Employer: _____ Dates Employed: _____ to _____
 Spouse's/Partner's employer's address: _____ Hours worked per week _____ Pay rate: \$ _____
 Spouse's/Partner's employer's phone number: _____ Annual Income: \$ _____
 Next Pay Day date: _____ Circle one: Weekly Bi-weekly Monthly Other: _____

MONTHLY INCOME – ALL SOURCES				
My take home pay	\$		Food Stamps	\$
Spouse's take home pay	\$		Rental Property Income	\$
Child Support (Received)	\$		Retirement/Pension/IRA	\$
Social Security Benefits	\$		Financial Aid	\$
Unemployment Compensation	\$		Royalties, Trust, Dividends	\$
Worker's Compensation	\$		Contract / Cash Labor Income	\$
Disability Benefits	\$		Cash gifts and other	\$

EXPENSES	MONTHLY PAYMENT		EXPENSES	MONTHLY PAYMENT
Rent Or Mortgage	\$		Uniforms	\$
Car Payment	\$		Cable TV or Internet Services	\$
Car- Insurance	\$		Cell/Home Phone	\$
Child Care	\$		Medical	\$
Child Support (Paid) if not deducted	\$		Other:	\$
Water	\$		Outstanding Loans	
Gas (Home)	\$		Type:	\$
Gas (Automobile)	\$		Type:	\$
Electricity	\$		Credit Card Debt	
Food (Groceries)	\$		VISA Balance \$ _____	\$
Restaurants/ Fast Food	\$		MasterCard Balance \$ _____	\$
Clothes	\$		Other Cards Balance \$ _____	\$
Entertainment	\$		Lottery / Lotto Tickets	\$
Athletic Events	\$		Money Sent out of the Country	\$
Recreational Activities	\$		Alcoholic Beverages	\$
Use of Marijuana and / or other Illegal Drugs	\$		Cigarettes / Tobacco / Vape / E-Cig	\$

PERSONAL ASSETS						
Automobiles	Year	Make	Model	Monthly Payment	Value/Payoff Balance	License Plate Number

OTHER INFORMATION					
Do you receive assistance under the following: Yes or No (Circle one): Food Stamps WIC Medicaid CHIPS TANF					
(Circle one) Bail Bond Company or Cash Bond (amount) \$ _____					
List Name of Bank or Credit Union Accounts:					
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Balance: \$ _____		
_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Balance: \$ _____		
Retirement Plan(s) (401K, IRA, Pension)					
Describe: _____ Value: \$ _____					

DO YOU HAVE A PAYMENT PLAN IN DENTON COUNTY: YES NO IF YES, CHECK ONE: CRIMINAL JUSTICE OF THE PEACE

Are you currently on Probation in other County / Counties: Yes No How Long?

Are you currently on Parole through TDCJ or other States: Yes No How Long?

List Parole Officer/ Probation Officer Name: Phone:

PERSONAL REFERENCES (OVER 18 YEARS OF AGE)

Name: Phone:

Mailing Address:

Relationship with defendant:

Financial considerations I want the court to know which impact my ability to pay all fees/fines and court cost immediately

AMOUNT YOU ARE ABLE TO PAY TODAY: \$

IF SOMEONE IS GOING TO HELP YOU PAY FOR YOUR FINES, FEES AND COURT COSTS LIST THEIR INFORMATION BELOW.

Intentionally or knowingly giving false or incomplete information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

I hereby authorize any designated representative of Denton County to conduct a thorough investigation of the information provided on this application.

Defendant's Signature

Date

Collections

Date