APPLICATION FOR PAYMENT PLAN

JUSTICE COURT PCT. 3, WISE COUNTY, TEXAS

Cause (Case) Number(s) _____ Date ___/___/___

All information must be completed by the defendant and must be current, accurate, and true. If the information does not apply to you, enter N/A in the blank. If more room is needed for your answers write on the back of the page. ***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). This information is required by state law.***

DEFENDANT'S PERSONAL INFORMATION

Name _____ **Date of Birth** ___/___/____
First MI Last

Address _____ _____ _____ _____
Street City State Zip Code

Phone Numbers _____ _____ _____
Home Cell Work

E-mail Address _____

Social Security Number _____ **Driver's License Number**_____

Is the information on your Driver's License correct? _____**Yes** _____**No**

If not, please explain why:_____

Name of Employer _____ **Supervisor's Name** _____

Address _____ _____ _____ _____
Street City State Zip Code

Employer's Phone Number _____ **Supervisor's Name**_____

Position or Title _____ **Annual Income $**_____

Next Pay Date:_____ **Weekly**_____ **Bi-Weekly**_____ **Monthly**_____ **Other**_____

Welfare $_____ **Soc. Sec./Retirement $**_____ **Retirement $**_____

Unemployment $_____ **Soc. Sec./Disability $**_____ **Child Support $**_____

List Bank or Credit Union Accounts:

_____ __ **Checking Balance: $**_____ __ **Savings Balance: $** _____

_____ __ **Checking Balance: $**_____ __ **Savings Balance: $**_____

PERSONAL REFERENCES (can be related, but not living with you)

Name	Address	Phone Number

Expenses	Monthly Payment
Rent/ Mortgage	$
Car Payment	$
Utilities	**Gas/Electric $**_____ **Cable $**_____ **Cell $**_____
Outstanding Loans	$
Type/Purpose:	$
Visa Credit Card Balance	$
Master Card Credit Card Balance	$
Other Cards Balance	$

Office Use Only	Staff Initial	Date
Verified Home or Contact Number		
Verified Employment		

Defendant's Signature _____

Date _____