

**WILLS POINT MUNICIPAL COURT
518 HOUSTON STREET
P.O. BOX 505
WILLS POINT, TEXAS 75169
OFFICE: (903) 873-4530 FAX: (903) 873-5512
www.willspointtx.org**

**APPLICATION FOR TIME PAYMENT/EXTENSION/COMMUNITY SERVICE
DEFENDANT INFORMATION**

JUVENILES (AGE 16 AND YOUNGER) MUST APPEAR AT A HEARING BEFORE THE JUDGE IN PERSON WITH A PARENT/GUARDIAN. NOTICE OF THE HEARING WILL BE MAILED TO THE ADDRESS LISTED ON YOUR CITATION.

PLEA FORM (Check the appropriate plea. Please sign and date the form.)

GUILTY – waive appearance for trial.

NO CONTEST – waive my right to trial. I understand the court will enter a Guilty Judgment.

INITIAL ALL THAT APPLY.

The Court has advised me that I am responsible for satisfying the judgment(s) and sentence(s) in the amount of \$ _____

I assert that I am unable 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 extend the payment to a later date.

I request that the Court grant a time payment plan.

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 have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of program: _____.

Name: _____
Last
First
Middle

Home Address: _____
Street
City/State
Zip Code

Mailing Address (if different from home address): _____
Street
City/State
Zip Code

Home Phone: _____ Cell Number _____ Email _____

Date of Birth: _____ Social Security #: _____ DL/ID # _____ State _____

Race _____ Gender _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Ethnicity: Hispanic _____ Non-Hispanic _____ Other _____ Citizenship _____ Place of Birth (City/State) _____

HS Diploma/GED _____ Highest Grade Completed _____ Marital Status _____ Language _____

If Married, Spouses Name: _____
Name
Address
Phone

Number of dependent's you support _____ Spouse [] Children [] Other [] _____

Personal References (Two persons who will be able to contact you at all times):

Name
Address
Phone
Relationship

Name
Address
Phone
Relationship

Vehicle Information: Auto Make _____ Model _____ Body Style _____ Color _____ Year _____
License # _____ State Issued _____

Employment Status: Employed _____ Unemployed _____ How Long? _____ Are you a student _____ Where? _____

Employer Name/Source of Support Name
Address
Phone

Hourly wage \$ _____ Take Home Pay \$ _____ Circle one (weekly / bi-weekly / monthly) Next pay date _____

List any other sources of income and the amount:

Unemployment \$ _____ Social Security \$ _____ Disability \$ _____ Retirement \$ _____ Welfare \$ _____
Child Support \$ _____ Food Stamps \$ _____ Other \$ _____ (description) _____

Financial Institutions:

Bank Account: _____ Checking _____ Savings _____ Bank Name _____ Balance \$ _____

Obligations: Company Name _____ Balanced Owed _____ Payment Amount (Weekly / Bi-weekly / monthly) _____

Monthly Expenses:

Mortgage/Rent \$ _____ Electric/Gas \$ _____ Water \$ _____ Phone/Mobile \$ _____

Cable \$ _____ Child Care \$ _____ Child Support \$ _____ Insurance \$ _____

Life/Health Ins. \$ _____ Alimony \$ _____ Food \$ _____ Gas \$ _____ Other \$ _____

If Renting: _____
Landlord Name _____ Address _____ Phone Number _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

_____ I **promise** that I will notify this Court in person or by first-class mail of any changes of my address or telephone number within five (5) days of the change.

_____ I **understand that I have a continuing obligation 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 reimbursement fee (Article 102.030, Code of Criminal Procedure).

_____ 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 (Section 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.**

ACKNOWLEDGEMENT AND DECLARATION:

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. It is with this understanding that I request time payment/extension/community service of fine and court costs due and payable to the Wills Point Municipal Court.

DATE

DEFENDANT SIGNATURE

PLEA ACCEPTED

DATE

JUDGE, WILLS POINT MUNICIPAL COURT

PLEASE CONTACT THE COURT BEFORE MAILING. IT IS THE DEFENDANT'S RESPONSIBILITY TO KEEP THE COURT NOTIFIED OF ANY ADDRESS CHANGES.