Application for Extension for Payment

Franklin County Justice Court

200 N. Kaufman St.

Mt. Vernon, TX 75457

Court Docket# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to be considered for a payment plan, it is MANDATORY that the following information be provided to Court. Please be aware that the Court may call to verify this information.

**PERSONAL INFORMATION:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last name First name Middle name

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 House # and Street City / State Zip Code

**Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home\_\_ cell \_\_\_ other\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License/ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ SSN \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**If married, Spouses Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle

Two Persons who will know how to contact you at all times:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Complete Address Phone#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Complete Address Phone #

Please check one of the following Pleas:

\_\_\_ I hereby enter a plea of **GUILTY** and waive appearance for trial.

\_\_\_ I hereby enter a plea of **NO CONTEST** and waive appearance for trial.

**ACKNOWLEDGMENT AFFIDAVIT**

I SWEAR THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ATTEST THAT I CANNOT MAKE FULL PAYMENT OF THE FINES AND STATE COSTS LEVIED AGAINST ME BY THE COURT. I UNDERSTANT THAT FAILURE TO MAKE SCHEDULED PAYMENTS ON A PAYMENT PLAN WILL RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST AND A HOLD BEING PUT ON MY DRIVER’S LICENSE. I UNDERSTAND THAT A STATE-MANDATED TIME-PAYMENT FEE OF $15.00 MUST BE COLLECTED FOR EACH VIOLATION PLACED ON A PAYMENT PLAN THAT HOLD A BALANCE AFTER 30 DAYS. YOUR PAYMENTS WILL BE A MINIMUM OF $100.00 EVERY 30 DAYS UNTIL THE BALANCE IS PAID IN FULL. I ALSO UNDERSTAND THAT FAILURE TO RETURN THE COMPLETED FORM ON OR BEFORE 21 DAYS FROM THE DATE IT WAS ISSUED WILL RESULT IN A WARRANT BEING ISSUED AND A HOLD PUT ON THE DRIVER’S LICENSE. I PROMISE THAT UNTIL MY COURT FEES AND STATE COSTS HAVE BEEN PAID IN FULL, I WILL NOTIFY THE COURT OF ANY CHANGES TO THIS FORM IN PERSON OR BY MAIL.

Defendants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWORN and SUBSCRIBED to this the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

Notary/Court Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (seal)