



**Please Check Any Other Sources of Income you receive and the amount (s):**

Welfare \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other sources of income not listed above: What? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank Accounts: Checking Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Savings Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_

Do you own your home? Yes\_\_ No\_\_  
If NO, give Name of Mortgage Company \_\_\_\_\_  
Are you renting? Yes\_\_ NO\_\_  
Do you own Any Other Property or Real Estate? Yes\_\_ No\_\_ If yes, where? \_\_\_\_\_

Automobiles: \_\_\_\_\_  
Year Make Model Year Make Model

**OBLIGATIONS:**

Number of Dependents you support? \_\_\_\_ [ ] Spouse [ ] Children (ages) \_\_\_\_\_  
[ ] Other (relationship) \_\_\_\_\_

List All of Your Creditors (ex. Banks, Credit Card Accounts, Finance Companies, Rent-to-Own Companies, Auto Payment Mortgage Company, etc.)

Company Name	Balance Owed	Payment Amt. (wk./mo.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Monthly Expenses Paid:**

Rent \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Water \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_ Cable TV \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_  
Life/Health Ins. \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

If renting \_\_\_\_\_  
Landlord's Name Address Phone #

\*\*\*\*\*READ THESE CAREFULLY\*\*\*\*\*

**A \$15.00 TIME PAYMENT FEE WILL BE ADDED ON THE 31<sup>ST</sup> DAY, IF NOT PAID IN FULL \_\_\_\_\_ init**

**\*\*ACKNOWLEDGMENT AND DECLARATION:**

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. I authorize the Collections Department of Hunt County, their employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time to pay fine and courts costs now due and payable to Hunt County.

Sworn and Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by the Defendant.

X \_\_\_\_\_ Defendant's Signature

SHEILA D. LINDEN  
JUSTICE OF THE PEACE  
RECEINCT 1 PLACE 2  
HUNT COUNTY, TEXAS

CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

THE STATE OF TEXAS  
VS.

IN THE JUSTICE COURT  
PRECINCT 1, PLACE 2  
HUNT COUNTY, TEXAS

\_\_\_\_\_  
Print Name

I, \_\_\_\_\_ DEFENDANT, having been charged with the offense of \_\_\_\_\_ and do hereby enter my plea to the charge to-wit;

**(Choose One)**

\_\_\_ **GUILTY:** I HAVE BEEN INFORMED OF MY RIGHT TO A TRIAL BY JURY. I understand that on a plea of guilty, the Court will enter a verdict of guilty and assess a fine as a penalty. **I WAIVE MY RIGHT TO A JURY TRIAL, WAIVE MY RIGHT TO APPEAL, AND AGREE TO PAY THE FINE.**

\_\_\_ **NOLO CONTENDERE** (no contest): I have been informed of my rights to a trial by jury. I understand that upon my plea of nolo-contendere the Court will enter a verdict of guilty and assess a fine as a penalty. I waive my right to a jury trial, I waive my right to appeal, and agree to pay the fine.

\_\_\_ **NOT GUILTY:** I do hereby enter a plea of **NOT GUILTY** and request that said cause be set, to wit;

\_\_\_ **NON JURY TRIAL:** (trial before the bench) to which I waive my right to a trial by jury.

\_\_\_ **JURY TRIAL:** of which I will be notified of the time and date to appear for said trial.

**OR**

\_\_\_ **GUILTY:** I wish to enter a plea of guilty and request additional time to pay my fine. **I WAIVE MY RIGHT TO A JURY TRIAL, WAIVE MY RIGHT TO APPEAL, AND AGREE TO PAY THE FINE.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

## **PAYMENT PLAN/COMMUNITY SERVICE APPLICATION INSTRUCTIONS**

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- 1) Check the box for which application you are applying. (ie. Extension of Time, Community Service).
- 2) Check the number of days requested, if requesting an Extension of Time.
- 3) Complete this form as thoroughly as possible. If something does not pertain to you, strike a line through it and mark it N/A (not applicable).
- 4) A one-time **Time Payment fee** of \$15.00 will be applied to each of your cases if not paid in full by the 31<sup>st</sup> day. Please initial on the application that you are aware of this.
- 5) Sign the application.
- 6) **Submit a minimum of \$25.00 (per citation) with application, if requesting a payment plan (extension of time).** We accept Check, Cashier's check or Money Order made payable to Justice Court.

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- 1) This is a Plea Form. Please read carefully and choose a Plea.
- 2) Sign, Date and fill out your **current mailing** address.

**Return the application and Plea Form and a minimum payment of \$25.00, per citation. (if requesting an Extension of Time) to our office.**

If we can be of further assistance, please do not hesitate to call our office.