

**TOM BEAN MUNICIPAL COURT
REQUEST FOR EXTENTION OF TIME TO PAY**

You are required to legibly complete this form. **DO NOT LEAVE ANY BLANKS. DO NOT REPEAT PHONE NUMBERS FOR REFERENCES.** Failure to properly complete this form may result in your balance being payable and due immediately or you may be directed back to court at once.

DEFENDENTS INFORMATION

Name: _____
(Last, First, Middle)
Nickname, Maiden Name, AKA: _____
Date of Birth: _____ Age: _____ Sex: _____ Race: _____
Driver's License: _____ State: _____ Social Security: _____
Height: _____ Weight: _____ Eye Color: _____ Hair: _____
Marital Status (circle one): Married Single Divorced Widowed No. Of Dependents: _____

SPOUSE INFORMATION

Name: _____
(Last, First, Middle)
Nickname, Maiden Name, AKA: _____
Address: _____
Previous Address: _____
Home Number: _____ Cell Number: _____ Alternate Number: _____
Date of Birth: _____ Age: _____ Sex: _____ Race: _____
Driver's License: _____ State: _____ Social Security: _____
Height: _____ Weight: _____ Eye Color: _____ Hair: _____

FAMILY INFORMATION

Nearest Relative: (Other than spouse) _____
Address: _____
Previous Address: _____
Home Number: _____ Cell Number: _____ Alternate Number: _____

EMPLOYMENT INFORMATION

DEFENDANT:
Employer's name: _____
Supervisor's Name: _____
Physical Address: _____
Mailing Address: _____
Work Number & Extension _____
Position: _____ Years Employed: _____ Next Pay Date _____
Pay Schedule: (circle one) weekly biweekly monthly Pay rate: _____

SPOUSE:
Employer's name: _____
Supervisor's Name: _____
Physical Address: _____
Mailing Address: _____
Work Number & Extension _____
Position: _____ Years Employed: _____ Next Pay Date _____
Pay Schedule: (circle one) weekly biweekly monthly Pay rate: _____

MONTHLY INCOME

DEFENDANTS:

Earning: _____
Unemployment Benefits: _____
AFDC: _____
Social Security: _____
Disability: _____
Veteran's Benefits: _____
Child support: _____
Total\$: _____

SPOUSE:

Earnings: _____
Unemployment Benefits: _____
AFDC: _____
Social Security: _____
Disability: _____
Veteran's Benefits: _____
Child support: _____
Total\$: _____

Total money in pocket \$: _____ Total money in pocket\$: _____

Do you (circle one): own rent live with another How much is your rent/ mortgage _____

YES/ NO

Do you receive Housing Assistance? _____

Do you have a Checking account: _____ Savings account: _____ Present

Balance\$: _____

Are you ordered to/ do you pay child support: _____ Amount due\$: _____

Total amount due: _____ Amount of Payment \$: _____

Payment Plan starts date: _____

INITIAL BY EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU HAVE READ EACH STATEMENT, UNDERSTAND EACH STATEMENT, AND AGREE TO THE PAYMENT PLAN.

_____ I understand that until my violation(s) are paid in full, I must notify the Court of any changes to my address and telephone number(s) within five (5) business days of the change.

_____ I understand that at any time I am unable to meet a payment that is due, I must contact the Court and advise it as to a date when the payment will be made.

_____ I understand that if I pay any or part of the fine, cost, or restitution (if applicable) on or after the 31st day judgment was entered that a time payment fee of \$25.00 per violation will be added.

_____ I understand that if any payment is missed or not made within the payment schedule that the fine, cost, or restitution will be due in full or I will be turned over to warrant statutes.

_____ I understand that if this payment plan is for violations in warrant statutes that all payments must be made according to plan, and there are no extension.

_____ I understand that if this payment plan is for violation in warrant statutes, any missed payments will result in plan being void and I will be on the arrest list till paid in full.

_____ I understand the Court does not send payment reminders and that I am responsible for making payments according to plan.

The City of Tom Bean will verify this information for truthfulness. Verification may include contacting past and present employers, relatives, and references. Failure to provide truthful information will be considered non-cooperation with this Court and the defendant may be directed to return the Court. Failure to cooperate or to make payments as ordered will result in the issuing of a warrant for your arrest.

Defendant's Signature

Defendant's Print

Date

Sworn and subscribed before me this day _____ of _____, 20____.

(Judge) (Court Clerk) (Deputy Court Clerk)