

DEFENDANT'S REQUEST FOR APPLICATION FOR EXTENSION OF TIME TO PAY

Citation or Cause #: _____

Defendant Name: _____
Address: _____ City: _____ State: _____ Zip _____
Cell Phone #:() _____ - _____ Home Phone #:() _____ - _____ Work Phone # :() _____ - _____

INSTRUCTIONS: Complete the appropriate section regarding your request. It is your responsibility to follow up with the Clerk's office at 254-786-4814 to verify receipt of your faxed request. If your request pertains to more than one offense, one form is needed for each offense.

I am entering a plea of: Guilty or No Contest for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

***Under Art. 39.14, The Defendant has not requested, and therefore, has not been provided any discovery by the prosecution.*

REQUESTING 30 DAY EXTENSION TO PAY IN FULL. I understand that I must pay my fine in full by the 30th day or a \$15.00 fee will be added. I am entering a plea of: Guilty or No Contest for the citation/offense above. I do hereby waive my right to a jury trial and request to pay my fine in full.

REQUESTING PAYMENT PLAN of \$50 every 30 days until paid in full. I understand that I must pay my fine in full by the 30th day or a \$15.00 fee will be added.

Employer: _____ Job Title: _____
Employer's Address: _____
Name of Supervisor: _____ Supervisor's Phone #: _____
Salary: _____ Per _____ Marital Status: Married Single Divorced Widowed
Number of dependents: _____

Monthly Income Information	Monthly Expense Information
Current monthly gross wage/Income: \$ _____	Rent/Home Mortgage: \$ _____
Governmental Assistance: \$ _____	Auto Payments: \$ _____
Child Support/Alimony: \$ _____	Insurance: \$ _____
Other: _____ : \$ _____	Other Expenses: \$ _____
Total Monthly Income: \$ _____	Total Monthly Expenses: \$ _____

Remarks/Additional Comments: _____

I certify, under penalty of perjury, that I am unable to pay the fees assessed me by the Bellmead Municipal Court at this time. I authorize the Bellmead Municipal Court to confirm the accuracy of the information I have provided below.

****** IMPORTANT NOTICE ******

This document will be filed with the Court. Filing a document, you know contains false information with the court in punishable as **CONTEMPT of COURT** for which you may be incarcerated for 72 hours and fined \$100. Additionally, it is a **CRIMINAL OFFENSE** to knowingly make, present, file, or use a document containing false information in conjunction with your request of extension of time to pay fees or other Court Proceedings. **\$15 fee may be assessed if you have not made full payment within thirty (30) days.**

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Defendant Signature: _____ Date: _____

Judge's Signature: _____ Date: _____