

CAUSE NUMBER(S):

**PARKER COUNTY JP #3/COLLECTIONS OFFICE  
PAYMENT PLAN APPLICATION FOR COURT-ORDERED  
FINES, FEES & COURT COSTS**

**DEFENDANT CONTACT INFORMATION**

Name: _____		Home Address: _____	
Date of Birth: _____	City: _____	State: _____	ZIP Code: _____
Primary Phone Number: _____		E-mail: _____	
Driver's License or ID # _____		State : _____	

**REFERENCE**

Reference #1 Name: _____	Phone: _____
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**PAYMENT ABILITY INFORMATION**

**CHECK ALL THAT APPLY**

I am a student in high school.

I receive public assistance under the following program(s):

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Women, Infants and Children (WIC) Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Other – Please list: _____

**HOUSEHOLD SIZE AND MONTHLY INCOME**

Number of Dependents: _____	Defendant's Monthly Take Home Pay: \$ _____	Defendant's Monthly Other Income: \$ _____
	Spouse's Monthly Take Home Pay: \$ _____	Spouse's Monthly Other Income: \$ _____

**MONTHLY EXPENSES**

Rent/Mortgage:\$ _____	Utilities:\$ _____	Food:\$ _____	Transportation/Gas:\$ _____
Child Care:\$ _____	Insurance:\$ _____	Medical/Dental:\$ _____	Child Support:\$ _____
Alimony:\$ _____	Other:\$ _____	Other:\$ _____	Other:\$ _____

**DEBT**

Debt Type:	Balance Due:\$ _____	Monthly Payment Amount:\$ _____
Debt Type:	Balance Due:\$ _____	Monthly Payment Amount:\$ _____
Debt Type:	Balance Due:\$ _____	Monthly Payment Amount:\$ _____

**BANK ACCOUNTS**

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Account Balance: \$ _____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Account Balance: \$ _____

**ADDITIONAL INFORMATION**

**Please provide any additional information that explains your financial situation:**

The foregoing information is a complete and accurate statement of my current financial condition.

<b>Defendant's Signature:</b> _____	Date: _____
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**COLLECTION PROGRAM USE ONLY**

Date information received: _____	Date primary phone verified: _____	Verified by: _____
Payment ability information <input type="checkbox"/> meets <input type="checkbox"/> does not meet TAC §175.3 (a)(6)(A) criteria for required submission to the court.		Date payment ability information provided to the court, if required: _____

Notes:

**YOU'RE INITIALS BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENTS, UNDERSTAND IT, AND AGREE TO IT.**

\_\_\_\_\_ I promise that until my fines have been paid in full, I will notify this Court in person, by email at [jp.3@parkercountytexas.com](mailto:jp.3@parkercountytexas.com) or by first-class mail of any changes of address or telephone number at the following address, Parker Co. JP #3, 1112 Santa Fe Dr., Weatherford, TX 76086, within five days of the change.

\_\_\_\_\_ **I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION UNTIL MY FINES ARE PAID IN FULL TO NOTIFY THE COURT OF ANY CHANGES IN FINANCIAL STATUS THAT MAY HINDER MY ABILITY TO SATISFY THE JUDGMENT OR HELP ME SATISFY THE JUDGMENT.**

\_\_\_\_\_ I understand that if I pay part of the fine, costs, or restitution (if applicable) on or after the 31<sup>st</sup> day after the judgment was entered that I am responsible for paying a \$15.00 time payment reimbursement fee.

\_\_\_\_\_ 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. (Sec. 37.01 Penal Code) I swear that all the information in this application is true and correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_ I authorize Parker County JP#3, employees or agents, to conduct a complete and thorough investigation of my statements. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit agencies.

Date: \_\_\_\_\_ **Defendant's Signature:** \_\_\_\_\_

Sworn and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Compliance and Collections Officer



CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

§

IN THE JUSTICE COURT

VS.

§

PRECINCT THREE

§

PARKER COUNTY, TEXAS

**PAYMENT AGREEMENT SCHEDULE**

**CAUSE NUMBER**

**FINE AMOUNT**

**HEARING & DUE DATE**

<b><u>CAUSE NUMBER</u></b>	<b><u>FINE AMOUNT</u></b>	<b><u>HEARING &amp; DUE DATE</u></b>

NOTE: PAYMENTS BY MAIL MUST BE SENT IN TIME TO REACH THE COURT BY THE DUE DATE.

**CONTINUANCE AGREEMENT**

I hereby acknowledge the receipt of a copy of the Payment Agreement Schedule & notice of hearing date(s) & I understand and agree that I will appear on each due date of each payment if I fail to make the required payments. I also understand & agree that should I fail to appear, warrant(s) may be issued for my arrest.

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Judge/Court Clerk, Justice Court  
Precinct Three, Parker County, Texas  
1112 Santa Fe Dr., Weatherford, TX 76086  
817-598-6192

