

**APPLICATION FOR PAYMENT PLAN
GRAYSON COUNTY TEXAS**

Cause (Case) Number(s) _____

Date ____ / ____ / ____

DEFENDANT'S PERSONAL INFORMATION

Name _____ Date of Birth ____ / ____ / ____
 _____ First MI Last
 Address _____
 _____ Street Apt No. City State Zip Code
 Phone Numbers _____
 _____ Home Cell Personal Email Address
 Social Security Number _____ Driver's License Number _____
 Marital Status : Single Married/Common Law Divorced Widowed Separated
 Name of Spouse _____
 _____ First MI Last
 Spouse's Phone # _____ Spouse's Email address _____
 Minor Child(ren) Name: (0-18 yrs.) Age Relationship Address where they live

Minor Child(ren) Name: (0-18 yrs.)	Age	Relationship	Address where they live

RESIDENCE INFORMATION

Rent: ____ yes ____ no Landlord's Name or Apartment Complex Name: _____ Phone Number: _____
 Own: ____ yes ____ no
 Rent-Free: ____ yes ____ no
 Who do you live with? Name : _____ Phone Number: _____

EMPLOYMENT INFORMATION

Name of Employer: _____ Contact Supervisor: _____
 Full Address: _____ Dates Employed: _____ to _____
 Your title or position: _____ Hours worked per week _____ Pay rate: \$ _____
 Employer's Phone Number: _____ Annual Income(including commission) \$ _____
 Next Pay Day date: _____ Circle one: Weekly Bi-weekly Monthly Other _____

* If unemployed, explain why :

Name of Spouse's/Partner's Employer: _____ Dates Employed: _____ to _____
 Spouse's/Partner's employer's address: _____ Hours worked per week _____ Pay rate: \$ _____
 Spouse's/Partner's title or position: _____ Annual Income: \$ _____
 Spouse's/Partner's employer's phone number: _____
 Next Pay Day date: _____ Circle one: Weekly Bi-weekly Monthly Other: _____

MONTHLY INCOME – ALL SOURCES			
My take home pay	\$	Retirement/Pension/IRA	\$
Spouse's take home pay	\$	Business Income	\$
Child Support (Received)	\$	Rental Property Income	\$
Social Security Benefits	\$	TANF	\$
Disability Benefits	\$	Contract / Cash Labor Income	\$
Worker's Compensation	\$	Cash gifts	\$
Unemployment Compensation	\$	Other	\$

Do you receive any of the following: Food Stamps \$ _____ Medicaid ___yes ___no WIC ___yes ___no CHIPS ___yes ___no

EXPENSES	MONTHLY PAYMENT	EXPENSES	MONTHLY PAYMENT
Rent Or Mortgage	\$	Uniforms	\$
Car Payment	\$	Cable TV or Internet Services	\$
Car- Insurance	\$	Cell/Home Phone	\$
Child Care	\$	Medical	\$
Child Support (Paid) if not deducted from paycheck	\$	Insurance - Other	\$
Water	\$	Loan(s)	\$
Gas (Home)	\$	Credit Card(s)	\$
Gas (Automobile)	\$	Probation Fees	\$
Electricity	\$	Deep lung Device	\$
Food (Groceries)	\$	Electronic Monitor	\$
Restaurants/ Fast Food	\$	Pets	\$
Clothes	\$	Lottery/Lotto Tickets	\$
Entertainment	\$	Money sent out of Country	\$
Children's Activities	\$	Alcoholic Beverages	\$
Recreational Activities	\$	Cigarettes/ \Tobacco	\$
Use of Marijuana and / or other Illegal Drugs	\$	Attorney	\$
Probation Fees – Other Counties	\$	Bond	\$
Court Costs/Fines – Other Counties	\$	Other	\$

PERSONAL ASSETS						
Automobiles	Year	Make	Model	Monthly Payment	Value/Payoff Balance	License Plate Number

OTHER INFORMATION

DO YOU HAVE A PAYMENT PLAN IN GRAYSON COUNTY: YES NO IF YES, CHECK ONE: CRIMINAL JUSTICE OF THE PEACE

Are you currently on Probation in other County / Counties: Yes No How Long?

Are you currently on Parole through TDCJ or other States: Yes No How Long?

List Parole Officer/ Probation Officer Name: Phone:

THREE PERSONAL REFERENCES			
Name	Address	Phone Number	Relationship

Financial considerations I want the court to know which impact my ability to pay all fees/fines and court cost immediately

AMOUNT YOU ARE ABLE TO PAY TODAY: \$

IF SOMEONE IS GOING TO HELP YOU PAY FOR YOUR FINES, FEES AND COURT COSTS LIST THEIR INFORMATION BELOW.

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM ABOVE)

Name: Phone:

Mailing Address:

Relationship with defendant:

Name: Phone:

Mailing Address:

Relationship with defendant:

Intentionally or knowingly giving false or incomplete information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

I hereby authorize any designated representative of Grayson County to conduct a thorough investigation of the information provided on this application.

Defendant's Signature

Date

Collections

Collections

Date

Date Verified