Grayson County Collections

Contact Information

Defendant's Information			
Name:		Date of birth: / /	
Mailing address:	City:	State:	Zip Code:
Physical address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	

Alternate Contacts – YOU ARE REQUIRED TO LIST TWO

Name: (first and last) _____ Address: _____ Street, City, State, Zip Code	Phone #:	Relation:
Name: (first and last) _____ Address: _____ Street, City, State, Zip Code	Phone #:	Relation:

Acknowledgement of Terms

I agree to the following: **(Please Initial All 3 Lines Below)**

_____ I understand the payment plan terms; ___$50.00_____ per month.

_____ I believe I have the ability to successfully meet the payment plan terms, and;

_____ I decline the opportunity for my financial information to be reviewed for the determination of a possible lower payment or longer payment terms.

Probation Officer's Name (If receiving probation) _____

Acknowledgment and Declaration: Under penalty of perjury I hereby certify the foregoing is complete and accurate statement of my understanding and acknowledgment that I formally request an extension of time for payment of fines and court costs now due and payable to Grayson County.

Signature of Applicant:	Date:
Signature of Collections Staff:	Date: