

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: En			nail Address:			
Alternate Contacts - YOU ARE REQUIRED TO LIST TWO							
Name: (first and last)				Phone #:		ı	Relation:
Address:							
Street,	City, S	State, Zip C	ode				
Name: (first and last)				Phone #:			Relation:
Address:							
Street,	City, S	State, Zip C	ode				
Acknowledgement of Terms							
I agree to the following: (Please Initial AII 3 Lines Below)							
I understand the payment plan terms; <u>\$80.00</u> 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:						Dat	te:
Signature of Collections Staff:						Dat	