Judge Ginny Hampton Grayson County Justice of the Peace, Precinct 1 Payment Plan Application

ANSWER ALL QUESTIONS – DO NOT LEAVE ANY BLANKS - DO NOT REPEAT PHONE NUMBERS

PERSONAL INFORMATION			Home
NAME:		Date of Birth/	€ □
Last	First	Middle	
ADDRESS:	CITY:	STATEZIP:	Office Use Wrk cell/visual
PHONE # ()	CELL: <u>(</u>		Use Only sual
DRIVER'S LICENSE /ID #:	STAT	TE ISSUED: SEX: (circle one) M / F	Ref # 1
NAME & PHONE NUMBER OF THREE (3) PERSONAL REFERENCES:			
NAME:	PHONE	E: ()	Ref#2
NAME:	PHONE	E: ()	Staff Initial
NAME:	PHONE	E: ()	tial
EMPLOYMENT: EMPLOYER'S NAME:		ADDRESS:	Date
PHONE #:	SUPEI	ERVISOR'S NAME:	
Acknowledgment and Declaration: Under penalty of perjury I hereby certify that all of the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Grayson County Justice Crt, their employees or agent and that deliberate misrepresentation of the information may require prosecution. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. I also certify that I will keep you informed of all changes in address or phone number.			
Defendant's Signature	Date	Clerk	 Date