



**GRAYSON COUNTY
JUSTICE OF THE PEACE, PCT. 3
APPLICATION FOR**

COMMUNITY SERVICE
 TIME PAYMENT PLAN
 INABILITY TO PAY



(Complete front and back – please print) Blank answers will delay your processing.

HOW MUCH ARE YOU PREPARED TO PAY TODAY? \$ _____

PERSONAL INFORMATION:

Name: _____
Last First Middle Go By

Physical Address: _____
Street Apt. # City/State Zip Code

Mailing Address: _____
Street Apt. # City/State Zip Code

Home # _____ Cell # _____ Work # _____

If no phone, number where you can be reached: _____ Email _____

Race _____ Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Date of Birth _____ DL / ID # _____ Social Sec. # _____

Single ___ Married ___ Separated ___ Divorced ___

Spouse's Name _____
Last First Middle

Spouse's address & phone # (if different) _____
Address Phone

Nearest Living Relative not Residing With You _____
Name Relationship

_____ *Address Phone Number*

Two persons who will know how to contact you at all times:

Name Address Phone

Name Address Phone

EMPLOYMENT INFORMATION:

EMPLOYED ___ How Long? _____ UNEMPLOYED ___ How Long? _____

Employer: _____
Company Name Address City

Position Supervisor Supervisor's Phone #

Hourly wage \$ _____ Take Home Pay \$ _____ weekly / bi-weekly / monthly Next Pay Day _____

(OVER)

