APPLICATION FOR PAYMENT PLAN
ROCKWALL COUNTY, TEXAS

Cause (Case) Number(s) _____ Date ____/____/____

All information must be completed by the defendant and must be current, accurate, and true. Fill in all blanks. If the information asked does not apply to you, enter N/A in the blank. If more room is needed for your answers write on the back of the page.

DEFENDANT'S PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____
First MI Last

Address _____ _____ ____ _____
Street City State Zip Code

Phone Numbers _____ _____ _____
Home Cell Work

E-mail Address _____

Social Security Number _____ Driver's License Number _____

Marital Status Single Married Divorced Widowed Separated

Name of Spouse _____
First MI Last

Spouse's E-mail Address _____

Spouse's Address and Phone # if different _____

Nearest Living Relative not residing with you _____ _____ _____
Name Relationship Phone Number

_____ _____ ____ _____
Address City State Zip Code

Dependents Name(s):	Age	Relationship	Address where they live

EMPLOYMENT INFORMATION

Name of Employer: _____ Contact Supervisor: _____

Address: _____ Dates Employed: _____ to _____

Your title or position: _____ Hours worked per week ____ Pay rate: $_____
Annual Income $_____ (including commission)

Employer's Phone Number: _____

Name of Spouse's Employer: _____ Annual Income $_____

Spouse's employer's address: _____

Spouse's title or position : _____ Date unemployed: _____/_____/_____

Spouse's employer's phone number: _____ Annual income: _____

If unemployed, explain why: _____

Describe and list value of governmental assistance such as Food Stamps, Unemployment Compensation, Workers Compensation and any other Governmental Assistance: _____

Residence Information

Rent: ___ yes ___ no	Landlord Name:	Phone Number:
Own: ___ yes ___ no	Appraised Value: $	
Rent-Free: ___ yes ___ no	Who do you reside with?	

Monthly Income – All Sources				
My take home pay	$		Interest Income	$
Spouse's take home pay	$		Rental Income	$
Welfare	$		Alimony (Received)	$
Social Security	$		Retirement/Pension/IRA	$
Unemployment Compensation	$		Business Income	$
Worker's Compensation	$		Royalties, Trust, Dividends	$
Disability	$		Cash gifts and other	$
Medicaid	$		Child Support (Received)	$
Contract/ Cash Labor Income	$		Other	$

THREE PERSONAL REFERENCES (Not Related to You)		
Name	Address	Phone Number

Personal Assets							
Automobiles	Year	Make	Model	Monthly Payment	Value	License Plate Number	VIN Number
Recreational Vehicles/ Boats, other	Year	Make	Model	Monthly Payment	Value	License Plate Number	VIN Number

Retirement Plan(s) (401K, IRA, Pension)
Describe: _____ Value: $_____

List Bank and Credit Union Accounts:

_____ ☐ Checking ☐ Savings Balance: $_____

_____ ☐ Checking ☐ Savings Balance: $_____

I have a Cash Bond ___ yes ___ no Amount of my cash bond: $_____

Other Assets: Please Describe: _____

Expenses	Monthly Payment		Expenses	Monthly Payment
Rent Or Mortgage	$		Cable TV or Satellite TV	$
Car Payment	$		Pager	$
Insurance - Car	$		Cell Phone	$
Child Care	$		Internet Services	$
Child Support (Paid)	$		Loan or Debt Payments	$
Water	$		Outstanding Loans (list)	$
Gas	$		Type/ Purpose:	
Telephone	$		Balance: $_____	$
Electricity	$		Type/ Purpose:	
Food (Groceries)	$		Balance: $_____	$
Restaurants/ Fast Food	$		Credit Card Debt (list)	
Clothes	$		Visa : Balance $_____	$
Uniforms	$		MasterCard: Balance $_____	$
Insurance- (besides car)	$		Other Cards: Balance $_____	Other Cards: Balance $_____
Entertainment	$		Lottery/ Lotto Tickets	$
Athletic Events	$		Alcoholic Beverages	$
Recreational Activities	$		Money sent out of the Country	$
Use of Marijuana and/ or other Illegal Drugs	$		Other Expenses (List)	$

Do you owe any other Rockwall County Court additional fines, fees and court costs at this time?

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

Comments for Court Compliance Department

Acknowledgement and Declaration:

By signing my name and initialing each of the four spaces below on the left hand side of the page, I swear that all of the above information about my financial condition is current, accurate, and true. Intentionally or knowingly giving false 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 Rockwall County to conduct a thorough investigation of my statements. I understand this could include verification of all information given and obtaining reports from credit reporting agencies and other governmental agencies.

It is with this understanding and acknowledgement that I formally request an extension of time for payment of fines, fees, and court costs due and payable to Rockwall County.

____ I understand that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a $15.00 time payment fee.

___ I understand that my agreement to a payment plan today with the Rockwall County District Court Collection and Compliance Department is a part of my court order.

____ I promise that until my fees have been paid in full, I will notify the Rockwall County District Court Collection and Compliance Department in person or by first-class mail of any changes of my address or telephone number at the following address_____ within five days of the change.

____ I understand that I have a continuing obligation until my fines, court cost and/or fee are paid in full to notify the court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.

_____ _____

Defendant's Signature **Date**

_____ _____

Deputy Clerk **Date**