

STATE OF TEXAS
VS.

IN THE MUNICIPAL COURT
CITY OF BEE CAVE
TRAVIS COUNTY, TEXAS

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE
ALL QUESTIONS MUST BE ANSWERED AND ALL DOCUMENTS PROVIDED OR THIS APPLICATION WILL
BE REJECTED.

INITIAL ALL THAT APPLY.

_____ The Court has advised me that I am responsible for satisfying the judgment and sentence in the amount of
in the amount of \$ _____ in cause number _____; in the amount of \$ _____ in cause number _____;
in the amount of \$ _____ in cause number _____; in the amount of \$ _____ in cause number _____;
in the amount of \$ _____ in cause number _____; in the amount of \$ _____ in cause number _____;
TIME PAYMENT FEE: \$25.00 X _____ = _____
BALANCE DUE: \$ _____

_____ I assert that I am too poor to pay the fine and costs immediately and that the following information is documentation
that I have insufficient resources or income to pay today.

_____ I request that the Court extend the payment to a later date.

_____ I request that the Court grant a time payment plan. I request payments in the amount of \$ _____ every (SELECT ONE)
_____ week; _____; 2 weeks; _____; month .

_____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to
pay and I am unable to pay the fine and costs.

_____ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive
assistance under a federal program. Name of program: _____

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE

Name: _____ Telephone Number: _____

Address: _____

EMAIL: _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per _____ Employer's Telephone Number: _____

Marital Status (Check One): Married Single Divorced Widowed

Spouse's Name: _____ Spouse's Salary: \$ _____ per _____

Spouse's Employer: _____ Spouse's Job Title: _____

List the source and amount of any other income you receive: \$ _____

List all your dependents, their ages, and their relationship to you: _____

Your residence is (Check One): Rented Owned Rent-Free

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS:

Name of Institution Address of Institution Type of Account Account Balance

Accepted

ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

- a. Home mortgage payment, rent, or lot rental for trailer: \$ _____
 - b. Routine home maintenance: \$ _____
 - c. Utilities (electricity, water, gas, telephone): \$ _____
 - d. Food and sundries: \$ _____
 - e. Clothing: \$ _____
 - f. Laundry and cleaning: \$ _____
 - g. Newspapers, periodicals, & books, including school books: \$ _____
 - h. Medical, dental, and drug expenses: \$ _____
 - i. Insurance (auto, life, medical, homeowners/renters): \$ _____
 - j. Transportation, including auto payments: \$ _____
 - k. Taxes not deducted from wages or included in mortgage: \$ _____
 - l. Alimony or support payments: \$ _____
 - m. Religious/charitable contributions: \$ _____
 - n. Other expenses (use reverse side if necessary): \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

LIST ALL OF REAL ESTATE OWNED BY YOU OR YOUR SPOUSE:

LIST & GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE:

- a. Deposits in financial institutions and cash on hand: \$ _____
- b. Household goods and supplies (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
- c. Household furniture and furnishings (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
- d. Jewelry (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE (Page 3 of 4) No Personal Checks

Accepted

e. Sports equipment and musical instruments (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

f. Television, VCRs, and stereo equipment (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

g. Household appliances (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

h. Automobiles, trucks, trailers, boats, and accessories (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

i. Machinery and tools, lawn and garden equipment (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

j. Office equipment, supplies, furniture, and inventory (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

k. Farming equipment, supplies, livestock, and other animals (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

l. Any other property not listed above (use reverse side if necessary):

_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

**LIST ALL OF YOUR CREDITORS (including Credit Cards) AND THE AMOUNT YOU OWE EACH
(Use reverse side if necessary):**

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

____ I promise that until my fines have been paid in full, I will notify this court in person or by first-class mail of any changes of my address or telephone number at the following address: 4000 Galleria Parkway, Bee Cave, Texas 78738, within five (5) days of the change.

____ I understand that until my fines and court costs are paid in full I have a continuing obligation 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.

____ 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 \$25 time payment fee.

____ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine. (Sec. 37.10, Penal Code) I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

Before Signing, give paperwork back to the clerk to review and administer an oath.

Date: _____ Defendant's Signature: _____

Sworn and subscribed before me this day _____ of _____, 20__.

(Judge) (Clerk) (Deputy Clerk)
(Notary Public in and for the State of Texas)

(municipal court seal)

(notary seal, if notarized)