

**APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE New Braunfels Municipal Court**

Application must be filled out completely (*all blanks must be filled in*) to be considered for time payment, an extension or community service. Failure to complete the application will result in the application being denied.

Name: \_\_\_\_\_ Citation Number(s): \_\_\_\_\_

**PLEA AND REQUEST**

**PLEASE NOTE:** Your request for a payment plan **will not** be complete until all blanks below are initialed **before** submitting the application to the court.

I would like to enter a plea of no contest to the citation(s) listed above.  
(If you would like to submit a different plea, please submit your plea to the court in writing)

I request that the Court grant a time payment plan.

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

**PERSONAL INFORMATION**

Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Driver's license or ID number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 I am employed full time – Number of hours weekly; \_\_\_\_\_  I work part-time – Number of hours weekly \_\_\_\_\_  
 I am unemployed  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Employer's Telephone Number: \_\_\_\_\_  
Paid: (check one)  Once a month  Every week  Every two weeks  Twice a month  
Other income you receive: \$ \_\_\_\_\_ Paid:  Once a month  Every week  Every two weeks  Twice a month  
Total Number of dependants living with you: \_\_\_\_\_  
Your residence is (Check One): Rented  Owned  Rent-Free

**SPOUSE & FAMILY INFORMATION**

Marital Status (Check One): Married  Single  Divorced  Widowed   
Spouse's Name: \_\_\_\_\_ Spouse's Salary: \$ \_\_\_\_\_  
 Spouse employed full time – Number of hours weekly; \_\_\_\_\_  Spouse employed part-time – Number of hours weekly \_\_\_\_\_  
 Spouse unemployed  
Spouse Paid:  Once a month  Every week  Every two weeks  Twice a month  
Spouse's Employer: \_\_\_\_\_ Spouse's Job Title: \_\_\_\_\_  
List all your dependents, their ages, and their relationship to you \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

List Names and Telephone Numbers of two (2) Personal References:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Yrs. Known: \_\_\_\_\_

**FINANCIAL INFORMATION**

Do you have a checking account?  Yes (Account Balance \$ \_\_\_\_\_)  No

Do you have a savings account?  Yes (Account Balance \$ \_\_\_\_\_)  No

Do you have credit cards available?  Yes (Credit limit available for use: \$ \_\_\_\_\_)  No

**EXPENSES**

**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): \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

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 *550 Landa Street, New Braunfels, TX 78130* 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 31<sup>st</sup> day after judgment was entered that I am responsible for paying a \$25 time payment fee (Section 133.103, Local Government Code).

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 (Section 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.

Date: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_

**WARNING**

**FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND A MAXIMUM FINE UP TO \$4,000.**