

APPLICATION FOR ALTERNATIVE PAYMENT ARRANGEMENT
(TIME PAYMENT, EXTENSION, or COMMUNITY SERVICE)

Submit to court@nbtexas.org WITH a copy of your photo I.D. and a completed
PLEA form (if you have not already entered a plea).

All blanks must be filled in to be considered for time payment, an extension or community service.

Defendant's Name: _____ Email Address: _____

Citation/Docket Number: _____ Cell Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____
Include Apt, Suite or Lot #.

INCOME

I have one employer/job. Y N My employer(s) is/are: _____

I have multiple employers/jobs. Y N My job title is: _____

I work a total of _____ number of hours weekly.

My weekly salary is: \$_____. My monthly salary is: \$_____.

I also receive income from (*rent, alimony, lawn work, allowance, disability, cash payment for odd jobs, babysitting, etc.*) _____

My additional income totals \$_____ monthly.

Check one:

I _____ OWN _____ RENT my residence, and my monthly house payment/rent is: \$_____

OR I am _____ HOMELESS. I live _____ RENT FREE.

Total number of dependants that live with me: _____

List all dependants, their ages and relationship to you:

I am ___ Married ___ Single ___ Divorced ___ Widowed ___ Sharing My Residence/Co-Habiting

Spouse's/Partner's Name: _____

Spouse's/Partner's Monthly Salary/Income: \$_____

Spouse's/Partner's employer/job: _____ Spouse's/Partner's Job Title: _____

Do you have a checking account? Y N What is the current balance? \$_____

Do you have a savings account? Y N What is the current balance? \$_____

Do you have credit cards? Y N How much do you currently owe on your credit cards? \$_____

EXPENSES

Estimate average monthly expenses for YOU AND your HOUSEHOLD:

Home mortgage payment, rent, or lot rental for trailer:	
Routine home maintenance:	
Utilities (electricity, water, gas, telephone):	
Food and Sundries:	
Clothing and Uniforms:	
Laundry and cleaning	
Tools required for work/school:	
Newspapers, periodicals, & books, including school books:	
Medical, dental, and drug expenses:	
Insurance (auto, life, medical, homeowners/renters):	
Taxes not deducted from wages or included in mortgage:	
Alimony or support payments:	
Religious/charitable contributions:	
Tuition or Student Loans:	
Civil or Criminal Fines/Fees or Restitution:	
Other Expense:	
Other Expense:	
TOTAL MONTHLY ESTIMATE OF EXPENSES:	\$

ACKNOWLEDGEMENT AND AFFIRMATION

Your signature below confirms that you have read, understand, and agree to the all of the following:

- _____ 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 \$15 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 affirm that all information provided in this document is true and correct to the best of my knowledge.

Date: _____ **Defendant's Signature:** _____

Effective May 1, 2021 all credit/debit card transactions will incur a 2.75% processing fee paid directly to the merchant provider. To avoid incurring this fee, you may pay by e-check, cashier's check or money order OR with cash IN PERSON ONLY.



550 Landa Street
New Braunfels, Texas 78130-6110
court@nbtexas.org
830 221 4180

IF you have not already entered a plea on the case(s) for which you are asking the Judge to consider alternative payment arrangements, you must complete and submit this form.

PLEA FORM

STATE OF TEXAS Vs. <hr/> <i>Defendan'ts Name</i>	Docket/Citation Number _____ § § §	IN THE MUNICIPAL COURT CITY OF NEW BRAUNFELS STATE OF TEXAS
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Intial Your Choice (pick ONE)

_____ I hereby enter a plea of **GUILTY** waiving my right to a jury trial.
A plea of GUILTY means you are admitting your guilt to the charge filed against you. If you enter a plea of guilty, a finding of guilt will be entered by the Court and you will be required to pay the fines and court costs for your citation.

_____ I hereby enter a plea of **NOLO CONTENDERE (NO CONTEST)** waiving my right to a jury trial.
A plea of NOLO CONTENDERE (NO CONTEST) means you are not contesting the charge filed against you. If you enter a plea of no contest, a finding of guilt will be entered by the Court and you will be required to pay the fines and court costs for your citation.

_____ I hereby enter a plea of **NOT GUILTY** and request that my trial be set before:

_____ the Judge and I waive my right to a trial by jury **OR** _____ I want a trial by jury

*A plea of NOT GUILTY means you contend that you are not guilty of the charge filed against you. And, your case will be set for a pre-trial hearing with the Prosecutor.

Complete the information below AND forward a copy of your current photo identification to ourt@nbtexas.org.

Print Legibly

Mailing Address: _____ **Apt/Suite/Lot#:** _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: _____ **Home Phone :** _____

Email Address: _____

By my signature, I affirm that all information above is true and correct AND, I acknowledge that, should I **Fail to Appear** at the dockets associated with my plea before the Judge or Prosecutor, the result may be additional changes being filed and warrants issued for my arrest.

Signature: _____ **Date:** _____
(Defendant or Attorney for the Defendant)