

CITY OF WEST LAKE HILLS MUNICIPAL COURT OF RECORD, NO. 1

REQUEST FOR PAYMENT PLAN TO PAY FINE WITH WARRANT

Instructions: It is your responsibility to follow up with the court at 512-327-1862 to verify receipt of your request.

Defendant's Name: _____

Citation #: _____

Offense(s): _____

DOB & DL #: _____

Address w/APT#: _____

City, State, Zip: _____

Cell phone number: _____ Work# _____

I am requesting a payment plan and am aware that I must submit payment of 25% of the total that I owe. (**contact the court to verify the 25% amount**) Additionally, attached is the payment plan application that you must submit along with this request. You must submit all documents that the applicaton asks for or your payment plan request will be rejected. **(PERSONAL AND BUSINESS CHECKS ARE NOT ACCEPTED)**

I am entering a plea of: **No Contest** OR **Guilty** (**circle only 1**) for the offense(s) above.

I do hereby waive my right to a jury trial and request to pay my fine in full.

I am aware that any violation that is placed on a payment plan shall have **an additional \$25 per violation** as required pursuant to Sec. 51.921, Government Code. In accordance with this statutory requirement, if the Time Payment Fee was not assessed at the time of payment, you will be notified in writing.

Once your paperwork has been received and reviewed by the Court and you meet the eligibility for a payment plan you will be mailed formal payment plan due notice that will indicate your payment plan will be \$75.00 a month until paid off.

Defendant Signature: _____ Date: _____

**West Lake Hills Municipal Court
911 Westlake Drive, West Lake Hills, Texas 78746**

**Phone: 512-327-1862
Email: court@westlakehills.org**

*****ACCEPTABLE METHODS OF PAYMENT***
Cash (in person) - Money Order - Cashier's Check
**THE COURT DOES NOT ACCEPT PERSONAL OR BUSINESS CHECKS
DO NOT SEND CASH IN THE MAIL****

WEST LAKE HILLS MUNICIPAL COURT OF RECORD, NO. 1
APPLICATION FOR PAYMENT OF COURT COSTS, FINES AND FEES

Payment plans with a warrant:

- 1.) You will be required to pay 25% down of the total owed and submit this application to the court (**NO CHECKS**)
- 2.) Included will be the mandatory \$25 time payment fee required by the state, placed on each case on the payment plan
- 3.) Show some form of identification
- 4.) Provide a bill or letter addressed to you with your current address
- 5.) Provide at least 2 most recent pay stubs from your employer (if you do not work and depend on someone else, their pay stubs will be required)

CAUSE NUMBER(S) _____

ANSWER ALL QUESTIONS - IF NOT APPLICABLE, WRITE "N/A"

CONTESTE TODAS LAS PREGUNTAS- SI NO ES APLICABLE, ESCRIBA "N/A"

NAME: _____

(NOMBRE) LAST (Apellido)	FIRST (Nombre)	MIDDLE (Segundo Nombre)
-----------------------------	-------------------	----------------------------

STREET ADDRESS _____

(DIRECCION) (Numero)	NUMBER (Calle)	STREET	APT	CITY (Ciudad)	STATE (Estado)	ZIP (Código Postal)
-------------------------	-------------------	--------	-----	------------------	-------------------	------------------------

MAILING ADDRESS _____

(DIRECCION DE ENVIO)	POST OFFICE BOX OR STREET (Caja Postal o Calle)	APT	CITY (Ciudad)	STATE (Estado)	ZIP (Código Postal)
----------------------	--	-----	------------------	-------------------	------------------------

HOME PHONE: () _____ SOCIAL SECURITY NUMBER: _____
(TELEFONO) (NUMERO SOCIAL)

If no phone, number where you can be reached () _____
(SEGUNDO TELEFONO)

CELL PHONE: () _____ E-MAIL ADDRESS _____
(CELULAR) (DIRECCION DE CORREO ELECTRONICO)

SEX: _____ DATE OF BIRTH: _____ DRIVERS LICENSE NO.: _____
(SEXO) (FECHA DE NACIMIENTO) (NUMERO DE LICENCIA PARA MANEJAR)

MARRIED _____ SINGLE _____ SEPARATED _____ DIVORCED _____
(CASADO) (SOLTERO) (SEPARADO) (DIVORCIADO)

EDUCATION LEVEL _____ (GRADE LEVEL COMPLETED)
(GRADO DE EDUCACION)

FRIEND OR REFERENCE: () _____
(AMIGO O REFERENCIA) PHONE NUMBER RELATIONSHIP NAME
(TELEFONO) (RELACION) (NOMBRE)

2nd FRIEND OR REFERENCE: () _____
(AMIGO O REFERENCIA) PHONE NUMBER RELATIONSHIP NAME
(TELEFONO) (RELACION) (NOMBRE)

ASSETS: If you are not working, state why. If you are in school, state which one.

BIENES: Si usted está sin empleo, cual es la razón. Si usted asiste a la escuela, de el nombre de la escuela.

EMPLOYER: _____ () _____
(EMPLEADOR) NAME ADDRESS PHONE NUMBER POSITION HOW LONG?
(NOMBRE) (DIRECCION) (TELEFONO) (PUESTO) (DURACION)

PREVIOUS EMPLOYER: _____ () _____
(EMPLEADOR) NAME ADDRESS PHONE NUMBER POSITION HOW LONG?
(NOMBRE) (DIRECCION) (TELEFONO) (PUESTO) (DURACION)

SALARY: \$ _____ HOURLY WAGE: \$ _____ TAKE HOME MONTHLY PAY: \$ _____
(SALARIO) (SALARIO POR HORA) (SALARIO MENSUAL)

PLEASE CHECK ANY OTHER SOURCE OF INCOME YOU RECEIVE: **PROOF REQUIRED (SE REQUIERE PRUEBAS)**
(INDIQUE OTRO TIPO DE SUELDO)

____ Welfare ____ Social Security/ ____ Retirement ____ Unemployment ____ Social Security/ ____ Child
(Asistencia de Social) Retirement (Retiro) (Desempleo) Disability Support
(Retiro de Seguridad Social) (Deshabilidad) (Sostenimiento de niños)

Other than yourself, how many people do you support directly?:

(Además de usted, a cuantas mas personas le ofrece soporte económico directamente) NUMBER RELATIONSHIP AGES
(NUMERO) (RELACION) (EDAD)

List all your creditors (Mortgage Companies, Banks, Credit cards, Finance Companies, Department Stores, etc.)
(Créditos y Deudas)

Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

SUMMARY (SUMARIO):

MONTHLY INCOME (SALARIO MENSUAL) MONTHLY EXPENSES (GASTOS MENSUALES)

Current Salary/Income \$ _____
(Salario)

Child Support/ Alimony \$ _____
(Sostenimiento de niños/ Pension)

Other Income \$ _____
(Otro Salario)

Spouse's Income \$ _____
(Salario del esposo)

Total \$ _____

Child Support/ Alimony \$ _____
(Sostenimiento de niños/ Pension)

Mortgage/Rent \$ _____
(Renta)

Utilities- Gas/Light/Water \$ _____
(Servicio Publico)

Cable Television \$ _____
(Cablevision)

Telephone; House/ Cell \$ _____
(Teléfono)

Remarks _____

Vehicle Payment/ Insurance \$ _____
(Pago de Vehiculo/ Aseguramiento)

Creditors \$ _____
(Acreedores)

Groceries \$ _____
(Comida)

Name of Bank _____
(Nombre de Banco)

Child Care Expenses \$ _____
(Guarderia infantil)

Checking Balance: \$ _____
(Cuenta de Cheques) (Balance)

Total Monthly Expenses \$ _____
(Gastos Total)

Savings Balance: \$ _____
(Cuenta de Ahorros) (Balance)

ACKNOWLEDGMENT AND DECLARATION (RECONOCIMIENTO Y DECLARACION)

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Clerk's Office of the City of West Lake Hills and its employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time for payment of the court costs now due and payable to the City of West Lake Hills.

Bajo penal de perjurio, Yo por el presente certifico que lo previo es mi declaración completa y exacta de mi condición financiera actual. Yo autorizo a la Oficina de las Oficinistas de la Ciudad de West Lake Hills y sus empleados o agentes conducir una investigación completa y detallada de mi declaración. Yo entiendo que esta investigación puede incluir verificaciones directas de toda la información dada y obtener los reportes de las agencias de crédito. Es con este entendimiento y reconocimiento que yo formalmente pido una extensión de tiempo para pagar los costos de la corte que son debidas ahora y a favor a la Ciudad de West Lake Hills.

Defendant Signature
(Firma)

Date
(Fecha)

Witnessed By
(For Court Use Only)

