

PAYMENT PLAN APPLICATION

Justice Court, Precinct 1

Tarrant County, Texas

CASH, CASHIERS CHECK, MONEY ORDERS AND CREDIT CARDS ONLY

All information must be completed by the defendant and must be current, accurate, and true. Please fill in all blanks.

PAYMENT PLAN OPTION: 1, 2, OR 3

CASE NO. _____

PERSONAL INFORMATION:

NAME: _____ DATE OF BIRTH ____/____/____
Last First Middle

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBERS: _____
Cell Home Other

EMAIL (IF ANY): _____

DRIVER'S LICENSE / ID #: _____ STATE: _____ SEX: (circle one) Male / Female

NAME & PHONE NUMBER OF TWO (2) PERSONAL REFERENCES:

#1 NAME: _____ PHONE #: _____

#2 NAME: _____ PHONE #: _____

Acknowledgment and Declaration: Under penalty of perjury I hereby certify that all of the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Tarrant County Justice Court, their employees or agent. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. I also certify that I will keep you informed of all changes in address and phone numbers.

WARNING: KNOWINGLY PROVIDING MATERIALLY FALSE INFORMATION TO THE COURT ON THIS APPLICATION IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND/OR A MAXIMUM FINE UP TO \$4,000.00.

PLEASE READ AND SELECT ONE OPTION:

_____ I agree that I: 1) understand the STANDARD PAYMENT PLAN terms, 2) believe that I have the ability to successfully meet the payment plan terms; and 3) decline the opportunity for local program staff to review my payment ability information to consider lower monthly payments or a longer term than those provided in the standard payment plan.

_____ I request for court staff to review my **payment ability information** to consider COURT SET PAYMENT PLAN or a longer term than those provided in the standard payment plan. **Note:** Pursuant to Collections Improvement Program 175.3(a)(3)(b), a **PAYMENT ABILITY INFORMATION FORM must be filed with this option.**

DECLARATION: I declare under penalty of perjury that the above information is true and correct.

Defendant's Signature

Date

For office use only:

Office Use Only (must verify contact w/in 5 days) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Ref #1 <input type="checkbox"/> Ref#2	Staff Initials	Date	Notes:
Office Use Only (must interview w/in 14 days) <input type="checkbox"/> In-Person <input type="checkbox"/> By Telephone			

CASE NO. _____

PLAINTIFF

JUSTICE COURT

V.

PRECINCT 1

DEFENDANT

TARRANT COUNTY, TEXAS

****STATEMENT OF INABILITY TO AFFORD PAYMENT OF COURT COSTS****

T.R.C.P. 145 and 502

WARNING: Read Texas Rules of Civil Procedure 145 and 502.3 before filling out this form.

FAMILY/EMPLOYMENT INFORMATION

Name: _____ DOB: ____/____/____

Your Telephone Number: _____

I am (check one): ____ Married ____ Single ____ Divorced

Number of Children: ____ Any other Dependent(s) and age(s): _____

PUBLIC BENEFITS, INCOME, AND DEBTS

“My **income sources** are stated below (check all that apply).

Unemployed since: _____

-or-

Wages: I work as a _____ for _____
Your Job title Your employer

My Earnings are: \$ _____ Weekly/Bi Wkly Monthly: _____

Spouse employed by: _____

Address of Employer: _____

His/Her Earnings Are \$ _____ Weekly/Bi Wkly Monthly: _____

I HAVE OTHER INCOME AS FOLLOWS (amount and source of income): _____

Example: child/spousal support, tips/bonuses, retirement/pension, etc.

Do you receive governmental income or subsidy: ____ YES ____ NO

“I receive these public benefits/government entitlements that are based on indigency:

Check ALL boxes that apply and fill in the blanks describing the amounts and sources of your income.

- SSI Medicaid Public Housing Food Stamps/SNAP
- WIC CHIP Emergency Assistance Needs-based VA Pension
- TANF AABD LIS in Medicare Community Care via DADS
- County Assistance, County Health Care, or General Assistance Low Income Energy Assistance
- Child Care Assistance under Child Care and Development Block Grant
- Other: _____

Amount of Monthly Court Ordered Support: \$ _____

“My **income amounts** are stated below.

- (A) My **monthly take-home wages**:
- (B) The amount I receive each month in **public benefits** is:
- (C) The amount of income from **other people in my household**:
(List this income only if other members contribute to your household income)
- (D) The amount I receive each month from **other sources** is:
- (E) My **TOTAL monthly income**:

\$
\$
\$
\$
\$

“My **property** includes:

Value*

“My **monthly expenses** are:

Amount*

Cash \$ _____

Rent/house payments/maintenance \$ _____

Bank accounts, other financial assets (List) \$ _____

Food and household supplies \$ _____

_____ \$ _____

Utilities and telephone \$ _____

_____ \$ _____

Clothing and laundry \$ _____

_____ \$ _____

Medical/Dental expenses \$ _____

Vehicles (cars, boats, etc.) (List make and year) \$ _____

Insurance (Life, health, auto) \$ _____

_____ \$ _____

School and child care \$ _____

_____ \$ _____

Transportation, auto repair, gas \$ _____

_____ \$ _____

Child/spousal support \$ _____

Other property (jewelry, stocks, animals, etc.) (Describe) \$ _____

Wages withheld by court order \$ _____

_____ \$ _____

Debt payments paid to: (List) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

* **Total value of property** = \$

* **Total monthly expenses** = \$

Representation By Legal-Aid Attorney

Only fill out this section if (a) you are being represented in this case by an attorney who works for a legal-aid provider or who received your case through a legal-aid provider; or (b) you applied for representation through a legal-aid provider and were determined to be financially eligible, but the legal-aid provider was unable to take your case. If you are not being represented in this case by a legal-aid attorney or have not sought representation through a legal-aid provider, do not complete this section.

Check the box that applies. Attach the certificate that the legal-aid provider gave you and label it “Exhibit: Legal-Aid Certificate.”

“I am being represented in this case for free by an attorney who works for a legal-aid provider or who received my case through a legal-aid provider.”

-or-

“I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case.”

***IF THIS IS A RESIDENTIAL EVICTION FOR NONPAYMENT OF RENT, WHEN THE STATEMENT OF INABILITY IS GRANTED, YOU ARE RESPONSIBLE FOR THE PAYMENT OF ONE MONTH'S RENT. (T.R.C.P. 510.9 and T.P.C. 24.0053 Texas Property Code)**

IF YOU ARE SUCCESSFUL IN RECOVERING MONIES FOR YOUR DAMAGES, YOU ARE RESPONSIBLE FOR PAYING THE COURT COSTS ASSOCIATED WITH YOUR JUDGMENT.*

VERIFICATION

Important: Please complete **Option 1** (below) or **Option 2** (on back of page). You do not have to complete both. Option 1: You must sign your name before a notary public, court clerk, or another person authorized to give oaths. Option 2: You do not have to sign your name before a notary public or any other person, but you must swear that the information in this statement is true "under penalty of perjury." "Perjury" means lying to a judge, and it is a crime. If you swear that a statement is true "under penalty of perjury," and you make the statement knowing that it is false, you could be prosecuted in a criminal court.

Option 1:

Check all boxes that apply.

- "I cannot afford to pay any court costs."**
- "I can only afford to pay some court costs. I cannot afford to pay all court costs."**
- "I can only pay court costs over time in installments."**

"I verify that the statements made in this form are true and correct."

By _____
(Print name of person who is signing this statement)

Do not sign until you are in front of a notary.

Signed this _____ day of _____, 20 ____.

Affiant's Signature _____
***Your Daytime Phone**

State of Texas, County of _____,

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

Clerk of the Justice Court/ Notary Public _____
Commission Expiration Date

Option 2:

Check all boxes that apply.

- “I cannot afford to pay any court costs.”**
- “I can only afford to pay some court costs. I cannot afford to pay all court costs.”**
- “I can only pay court costs over time in installments.”**

My name is _____ (First) _____ (Middle) _____ (Last)

My date of birth is _____, and my address is _____

_____ (Street), _____ (City), _____ (State),

_____ (Zip Code), and _____ (Country). I declare under penalty of perjury

that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____

(Month), _____ (Year).

Declarant