City of Glenn Heights Municipal Court 550 E. Bear Creek Rd Glenn Heights, TX 75154
Phone 972-223-2107 Fax 972-274-3602

PAY PLAN APPLICATION/AFFIDAVIT FINANCIAL STATUS

APLICACION DE PLAN DE PAGO

The information below must be fully complete before your application will be reviewed. **PLEASE PRINT.** You will be required to provide your Texas DL/ID card at time of application. If you cannot provide complete information you will be set for a future court date. Incomplete information will not be accepted.

Para que su aplicación sea revisada, la informació de bajo debe ser completa. **POR FAVOR LETRA DE IMPRENTA.** Se requiere una tarjeta de indentificacion/licencia valida de Texas. Informacion incompleta no sera acceptada. Sera citada para corte.

I. DEFENDANT - ACUSADO

Your Name (first, Middle, Last, Maiden)
Su Nombre Completo Y Apellidos (Incluyendo el de Soltera)

SSN # - - *Numero de Seguro Social*	Date of Birth *Fecha de nacimiento*	Driver License Number *Numbero de Licencia de Manejar*

Current address: (Include P.O.B#, Apt#, Lot #, City, State and Zip)
Domicilio Acutal (Incluya Numero de Apartamento, Lote, Ciudad, Estady y Codigo Postal)

Home Telephone *Numero de Telefono de su Casa*	Cell Phone *Celular*
Own/*Dueno* Rent /*Renta* Rent free/*No Paga Renta*	Single/*Soltero/a* Married/*Casado/a* Divorced/*Divorciado/a*

List all dependents:
Lista dependes:

EMPLOYMENT INFORMATION - HISTORIAL DE TRABAJO

□ I AM UNEMPLOYED. HOW LONG UNEMPLOYED? _____

□ I AM A FULL TIME STUDENT AND SUPPORTED BY – PARENT LEGAL GUARDIAN GRANTS OTHER_____

IF YOU ARE A STUDENT THE FINANCIAL INFORMATION FOR THAT PARENT,GUARDIAN, OR OTHER IS TO BE COMPLETED BELOW.

Employer Name: *Employeo:*	Work Telephone: *Telefono de empleo:*

Employer address:
Direccion de Empleo:

City: *Ciudad:*	State and Zip Code: *Estado y Codigo Postal:*

Your Title or Position: *Titulo o Posicion en el Trabajo:*	FT / PT *Tiempo Completo o Parcial*	Hourly Rate: *Salario Por Hora:*	Pay Schedule (weekly, biwkly, mthly): *Que Dias le Pagan*

How long have you worked there? *Cuanto Tiempo Tiene Trabajando Ahi*		Next Check: *Fecha en Que Recibira Su Proximo Cheque:*

II. SPOUSE - CONYUGE

Spouse Name (First, Middle, Last, Maiden):
Nombre de Esposa/o (Nombre y Apellidos, Incluyendo el de Soltera)

Employer address:
Direccion de Empleo:

City: *Ciudad:*	State and Zip Code: *Estado y Codigo Postal:*

Your Title or Position: *Titulo o Posicion en el Trabajo:*	FT / PT *Tiemp Completo o Parcial*	Hourly Rate: *Salario Por Hora:*	Pay Schedule (weekly, biwkly, mthly): *Que Dias le Pagan*

III. REFERENCES - REFERENCIAS

Two people, who do not reside in your household, that can provide your address and phone numbers at all times :

Name: *Nombre:*	Relationship: *Parentesco:*	Phone Number: *Numero de Telefono:*
Address, City, State and Zip Code: *Direccion, Ciudad, Estado y Codigo Postal:*		
Name: *Nombre:*	Relationship: *Parentesco:*	Phone Number: *Numero de Telefono:*
Address, City, State and Zip Code: *Direccion, Ciudad, Estado y Codigo Postal:*		

IV. ASSETS - ACTIVOS

Checking / Savings Balance: *Balance de cuenta de cheques / ahorros:*	Vehicle (Make/Model and Year): *Vehiculo (Marca/Modelo y ano):*

MONTHLY INCOME INGRESOS MENSUALES		MONTHLY EXPENSES GASTOS MENSUALES	
Your Income(MONTHLY) *Sus Ingresos*	$	Rent/Mortgage *Renta/Hipoteca*	$
Spouse Income *Ingresos de su Esposa/o*	$	Utilities (Electric, Gas, Water) *Servicios Publicos (Electridad, Gas, Agua)*	$
Unemployment *Desempleo*	$	Phone/Cell/Internet/Cable/Satellite TV *Telefono/Celular/Correo Electronico*	$
Welfare/Foodstamps/AFDC/Housing *Estampillas para Comida/Bienestar Social*	$	Food (weekly) *Comida (por semana)*	$
Social Securitiy *Seguro Social*	$	Car Loan *Prestamo de Auto*	$
Disability *Incapacidad*	$	Car Insurance *Seguro de Auto (Aseguranza)*	$
Alimony/Child Support *Pension Alimenticia/Manutencion Infantil*	$	Cable/Satellite TV *Cable/Satelite*	$
Parents *Padres*	$	Medical/Prescriptions (monthly) *Medico/Prescripciones (por mes)*	$

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 mail of any changes to my:

1. home/work addresses and telephone numbers
2. financial situation

_____ I ***understand*** that if I pay any part of the fine or costs 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.

_____ ***I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.***

_____ ***Also*** *understands* that cases that are in warrant status ***will not*** be recalled from Omni until the *$30.00 Omnibase fee is paid(*DPS to deny renewal of your driver's license.) ONLY CASH OR MONEY ORDER WILL BE ACCEPTED. NO CHECKS!!

_____I further authorize the City of Glenn Heights to conduct a complete and thorough investigation of my financial statement I have provided and direct investigation of all information given.

Signature (firma) _____

Date (fecha) _____

PAYPLANAPPLICATION.07 07 2011 revised