**ITALY MUNICIPAL COURT**

**Mail to:**

**P.O. Box 840**

**Italy, TX 76651**

**APPLICATION FOR TIME PAYMENT PLAN**

Case Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Owed: \_\_\_\_\_\_\_\_\_\_\_\_\_  **(For Office Use Only)**

***INITIAL* ALL THAT APPLY.**

\_\_\_\_ The Court has advised me that I am responsible for satisfying the judgment and sentence:

in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Cause Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I hereby enter a plea of **GUILTY or NO CONTEST** ***(circle one)***

\_\_\_\_ 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.

\_\_\_\_ I request that the Court extend the payment to a later date.

\_\_\_\_ I request that the Court grant a time payment plan.

\_\_\_\_ I understand that I must make an initial payment and thereafter make monthly payments each month to satisfy the entire balance. Cashiers’ Check/Money Order Made Payable to City of Italy (NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED)

**\*\*\*\* Please enclose a COPY of a Valid ID or Texas Driver License \*\*\*\***

**PLEASE PRINT**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address City State Zip

Telephone Number:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Driver’s License/ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: $\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_

**Name and Phone Number of Three (3) Personal References:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ANSWER ALL QUESTIONS – DO NOT LEAVE ANY BLANKS – DO NOT REPEAT PHONE NUMBERS***

**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 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 31st 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**.

Defendant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Clerk : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once we receive the application we will call you to set it up. Remember a $25 fee will be added for each violation. You will have between 3-6 months to pay it off depending on the amount of the final amount owed after the fees have been added.