

PAYMENT PLAN APPLICATION
SHERMAN MUNICIPAL COURT
GRAYSON COUNTY, TEXAS

DATE _____

NAME _____ PHONE(S)# _____

ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

DL STATE _____ DL # _____ DATE OF BIRTH _____

EMPLOYER _____

LIST TWO (2) NAMES OF FRIENDS OR FAMILY MEMBERS THAT HAVE CONTACT WITH YOU ON A REGULAR BASIS:

CONTACT #1- NAME _____ PHONE # _____

CONTACT #2- NAME _____ PHONE # _____

READ EACH OF THE FOLLOWING STATEMENTS AND INITIAL EACH ONE. YOUR INITIALS INDICATE YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

_____ I assert that I am unable to pay the fine and costs immediately and that the information listed above is documentation that I have insufficient resources or income to pay in full.

_____ 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 at the address listed on the installment agreement provided to me at the time of signing this paper.

_____ I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION UNTIL MY FINES ARE PAID IN FULL 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 or costs on or after the 31st day after judgment was entered that I am responsible for paying a \$15.00 time payment fee for each offense that has an outstanding balance.*

_____ I understand that submitting false financial information to the Court constitutes the crime of tampering with a government record, punishable by incarceration and/or the imposition of a fine. (Sec. 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 _____