



County of Travis, Austin Texas

Request for Payment Extension - Ability To Pay

The **PARTY** is responsible for the payment of Court Costs, Fines and Fees as assessed.

The **COURT COSTS** assessed are for the expense of legally processing your case.

A **FINE** may be imposed by statute and is punitive (punishment) for the offense.

- If you have an emergency and need to leave please let staff know.
- Friends and family may wait in the outer lobby area.
- Food or beverages are not permitted in the waiting area.
- Do not use electronic devices in the lobby as this may disturb others.
- Incomplete applications can delay your processing.
- During the interview payment amounts and terms are established.
- Please feel free to ask questions before you leave today.

I have read and understand and now formally request an extension based on my ability to pay,

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Responsible Party/Defendant

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Date



**PARTY INFORMATION**

Name:		Date Of Birth:
Email:	Cell Phone:	Home Phone:
Mailing Address:		
City:	State:	ZIP Code:
Physical Address:		
City:	State:	ZIP Code:

**EMPLOYMENT INFORMATION**  
PLEASE PROVIDE PROOF OF EMPLOYMENT: (BUSINESS CARD, PAYROLL STUB, WORK EMAIL ADDRESS)

Current Employer:		
Employer Address:		How long at this job?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Are you unemployed?	How long have you been unemployed?	

Reason for unemployment: \_\_\_\_\_  
 \_\_\_\_\_

**CONTACTS & REFERENCES**

<b>#1</b>	
Name:	
Address:	
City, State and Zip Code:	Phone:

<b>#2</b>	
Name:	
Address:	
City, State and Zip Code:	Phone:



Financial Disclosure	
Monthly Income & Benefits	Monthly Expenses
Monthly Take Home Pay:	Mortgage/Rent:
Social Security/Disability:	Health/Life/Auto Insurance:
Retirement/Pension:	Utilities:
Veterans Benefits:	Food:
Unemployment Benefits:	Child Support/Daycare:
Workman's Compensation:	Victim Restitution:
Alimony/Child Support:	Community Supervision Fee/Classes:
Food/Medical Assistance Programs:	Installment Loan(s):
Parent/Guardian/Trust:	Telephone/Cell Phone:
Housing Assistance:	Internet/Cable/Satellite:
Student Loans/Financial Aid:	Credit Card(s):

Income/Benefits: \$ \_\_\_\_\_ Debt: \$ \_\_\_\_\_ Disposable: \$ \_\_\_\_\_



VEHICLE/MOTORCYCLE/BOAT INFORMATION			
YEAR:	MAKE:	LICENSE PLATE #	OWNER:
YEAR:	MAKE:	LICENSE PLATE #	OWNER:
YEAR:	MAKE:	LICENSE PLATE #	OWNER:

**ACKNOWLEDGMENT AND DECLARATION**

Under penalty of perjury, I hereby certify the foregoing information as being complete and accurate. I authorize the County Clerk of Travis County, their employees or agents, to conduct a complete and thorough investigation of any statement herein. I understand this could include direct verification of contacts, references and employment as well as verification from outside agencies as required.

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Responsible Party

Sworn and Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

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Travis County - Agent/Deputy

APPLICATION VERIFICATION (OFFICE USE ONLY)	
VERIFIED BY: _____	DATE: _____
ADDRESS: _____	REFERENCES: _____
EMPLOYMENT: _____	PHONE: _____