

## APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINE AND COURT COST

Complete this application in its entirety. Please print. Do not leave any blank spaces. If an item does not pertain to you, fill in the blank with "n/a" (not applicable).

<b>DEFENDANT</b>					
FULL NAME:			NICKNAME / MAIDEN NAME:		
DATE OF BIRTH:	AGE:	STUDENT: PART TIME FULL TIME	COLLEGE/UNIVERSITY:		
CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE _____			APT. OR LOT #:	HOW LONG?	
PERMANENT MAILING ADDRESS: (STUDENTS WILL LIST THEIR PARENTS ADDRESS)			APT. OR LOT #:	PHONE #:	
HOME PH #:		CELL PHONE #:		WORK PHONE #:	
DRIVERS LICENSE #:		STATE:			
SINGLE		MARRIED		DIVORCED	
				SEPARATED	
				WIDOWED	
NUMBER OF DEPENDENTS: CHILDREN: _____ AGES: _____ OTHER: _____			DO THEY LIVE WITH YOU? YES NO HOW MANY?		
EMPLOYER: (NAME & ADDRESS)			SUPERVISOR' NAME:		PHONE #:
LENGTH OF TIME:	POSITION: FULL TIME  PART TIME	HOURS PER WEEK: _____ DATE OF NEXT CHECK _____	HOURLY PAY: \$ _____ BIWEEKLY PAY: \$ _____	PAY SCHEDULE: WEEKLY BI-WEEKLY MONTHLY SEASONAL	
UNEMPLOYED? YES NO	HOW LONG? MONTHS ____ YEARS ____		ARE YOU SEEKING WORK?		TYPE OF WORK:
<b>SPOUSE</b>					
FULL NAME:			NICKNAME/MAIDEN NAME:		
SSN:	EMPLOYER:		SUPERVISOR' NAME:		PHONE #:
LENGTH OF TIME:	POSITION:	HOURS PER WEEK:	WEEKLY PAY: \$ _____	BI-WEEKLY PAY \$ _____	DATE OF NEXT CHECK:
<b>REFERENCES (ADDRESSES OF RELATIVES NOT LIVING WITH YOU)</b>					
FULL NAME & ADDRESS OF RELATIVE			RELATIONSHIP:	PHONE #:	
FULL NAME & ADDRESS OF RELATIVE			RELATIONSHIP:	PHONE#:	
NON-RELATIVE WHO HAS KNOWN YOU OVER ONE YEAR:			PHONE #:		
NON-RELATIVE WHO HAS KNOWN YOU OVER ONE YEAR:			PHONE #:		

<b>OFFICE USE ONLY</b>	
Home or Contact Phone Number Verified:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment or Source of Income Verified:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Interviewed by: _____	Verified by: _____

Initial: \_\_\_\_\_

MONTHLY INCOME RECEIVED		MONTHLY EXPENSES PAID	
Net Pay (take home) self:	\$ _____	Mortgage/Rent (yours)	\$ _____
Net Pay (take home) spouse:	_____	Second Mortgage	_____
Unemployment	_____	Utilities: (your share only)	
Worker's Compensation	_____	Electric	_____
Accident Benefits	_____	Gas/propane	_____
Social Security	_____	Water	_____
Retirement/Pension	_____	Total Utilities	_____
Child Support	_____	Telephone	_____
Alimony/Maintenance	_____	Cable/Satellite TV	_____
Disability	_____	Internet Service Provider (ISP)	_____
Veteran's Benefits	_____	Vehicle Gas/Maintenance	_____
Parent/Guardian Support	_____	Vehicle loans	_____
Interest/Dividends	_____	Vehicle Insurance	_____
Rental Property	_____	Medical	_____
Other	_____	Life/Health Insurance	_____
Other	_____	Childcare	_____
		Child Support	_____
		Loans (personal/student etc.)	_____
		Probation Fee	_____
		Bank/Store credit cards	_____
		Other	_____
		Other	_____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

OFFICE USE ONLY			
\$ _____	-	\$ _____	=
MONTHLY INCOME		MONTHLY EXPENSES	
			\$ _____
			DISPOSABLE INCOME

Initial: \_\_\_\_\_

<b>ASSETS</b>					
Vehicle #1 (make,model)	Year:	Plate No.	State:	Exp. Date:	Value:
Vehicle #2 (make,model)	Year:	Plate No.	State:	Exp. Date:	Value:
Bank Accounts: (name,address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Balance:	
Bank Accounts: (name,address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Balance:	
Credit Union Account: (name, address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Estimated Value:	
Investment Accounts: (name,address of institution)		Checking <input type="checkbox"/> Savings <input type="checkbox"/>		Estimated Value:	
Individual Retirement Accounts (IRA): (name,address of institution)		Type:		Estimated Value:	
Personal Assets: (boats,jetskis,cash value on life insurance polices, livestock, trailers etc...		Location/Storage:		Estimated Value:	
Additional Comments:					

### ACKNOWLEDGEMENT AND DECLARATION

**Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize Centralized Collections, its employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgement that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Travis as setforth in the Court Order.**

\_\_\_\_\_  
Signature of Defendant

**Sworn and Subscribed to this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by the Defendant.**

**County of Travis, State of Texas By \_\_\_\_\_, Deputy, Centralized Collections.**

<b>OFFICE USE ONLY</b>			
Cause #:	Court #:	Fines & Fees: \$	Review Date:
Comments & Recommendations:			