

**APPLICATION FOR PAYMENT PLAN
ROCKWALL COUNTY, TEXAS**

Cause Number _____

Date: _____

DEFENDANT'S PERSONAL INFORMATION

Name _____ Date of Birth ____/____/____
 First Middle **(NO initials)** Last

Address _____
 Street Apt. No. City State Zip Code

Phone Numbers _____
 Home Cell Work

E-mail Address _____

Social Security Number _____ (If you have NO Social Security, Explain WHY NOT:)

Marital Status ___ Single ___ Married/Common Law ___ Divorced ___ Widowed ___ Separated

Name of Spouse _____
 First MI Last

Spouse's E-mail Address _____

Spouse's Social Security Number _____

Dependents Name(s): Age Relationship Address where they live

Dependents Name(s):	Age	Relationship	Address where they live

Residence Information

Circle One: Own Home / Rent Mortgage Company or Landlord's Name & Phone##: _____

EMPLOYMENT INFORMATION

* Name of Employer: _____ Boss' Name: _____

Employer's Full Address _____ Your Job Title _____

Employer's Phone Number: _____ Amount you bring home on every check: \$ _____

*** If you do NOT have a JOB, then tell us how you are going to pay your payments:**

Monthly Income	Amount brought home	Monthly Income	Amount brought home
Employment (Gross Income)	\$	Food Stamps	\$
Spouse's Employment (Gross Income)	\$	Rental Income	\$
Child Support you RECEIVE	\$	Retirement / Pension / IRA / Stocks	\$
Social Security Check	\$	Income from a business	\$
Unemployment Check	\$	Trust Fund / Dividends	\$
Workman's Compensation Check	\$	SSI (Disability Check)	\$
Cash (Gifts/Family/Charity)	\$	Any other money you receive per month	\$

Expenses	Monthly Payment	Expenses	Monthly Payment
Rent or Mortgage	\$	Cable TV	\$
Car Payment	\$	Internet Services	\$
Car- Insurance	\$	Cell Phone	\$
Child Care	\$	Medical	\$
Child Support you PAY	\$	Other:	\$
Water	\$	Loans	
Gas (Vehicle)	\$	Type:	\$
Telephone (Landline Only)	\$	Type:	\$
Electricity	\$	Credit Card Debt	
Natural Gas	\$	VISA Balance \$ _____	\$
Groceries	\$	MasterCard Balance \$ _____	\$
Eating Out (Restaurants/ Fast Food)	\$	Retail Stores Balance \$ _____	\$
Clothes	\$	Retail Stores Balance \$ _____	\$
Entertainment	\$	Cigarettes and Chewing Tobacco	\$
Athletic Events	\$	Alcoholic Beverages	\$
Recreational Activities	\$	Marijuana and any other Illegal Drugs	\$

Do you **ALREADY** have a payment plan with Rockwall County: Yes _____ No _____

If yes, check one: Felony/Misdemeanor _____ Justice of the Peace (Traffic Ticket) _____

Circle all that applies: On Parole _____ On Probation _____ For How Long?(End Date) _____

Parole/Probation Officer's Name: _____ Officer's Phone# _____

Parole/Probation Officer's Address: _____

THREE PERSONAL REFERENCES (Must have THREE)			
Name	Address	Relation	Phone Number

How much can you pay **EVERY MONTH**. There is **NO** guarantee we can set it to the amount you give but we will try to make it as close as possible.

Give the date you want your payments to begin:

Depending on your financial circumstances, you may be able to request a hearing for the judge to consider your ability to pay and any non-monetary compliance options available to you to satisfy your court debt. The judge may grant or deny any request for a hearing, and non-monetary compliance options are available at the court's discretion. If you are indigent or unable to pay, please let the Rockwall County staff member know.

I hereby authorize any designated representative of Rockwall County to conduct a thorough investigation of the information provided on this application.

_____ Defendant's Signature _____ Date

_____ Rockwall County Representative _____ Date