

Case #

COURT NAME/COLLECTIONS OFFICE PAYMENT PLAN APPLICATION FOR COURT-ORDERED FINES, FEES & COURT COSTS			
DEFENDANT CONTACT INFORMATION			
Name:		Home Address:	
Date of Birth:	City:	State:	ZIP Code:
Primary Phone Number:		E-mail:	
REFERENCES			Note to Collection Program Staff: The mailing address or email address of the references are acceptable alternatives to collecting the phone number.
Reference #1 Name:		Phone:	
Reference #2 Name:		Phone:	
PAYMENT ABILITY INFORMATION			
CHECK ALL THAT APPLY			
<input type="checkbox"/> I am a student in high school.			
I receive public assistance under the following program(s):			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)		<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> Women, Infants and Children (WIC) Program		<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Other – Please list: _____	
HOUSEHOLD SIZE AND MONTHLY INCOME			
Number of Dependents:	Defendant's Monthly Take Home Pay:		Defendant's Monthly Other Income:
	Spouse's Monthly Take Home Pay:		Spouse's Monthly Other Income:
MONTHLY EXPENSES			
Rent/Mortgage:	Utilities:	Food:	Transportation/Gas:
Child Care:	Insurance:	Medical/Dental:	Child Support:
Alimony:	Other:	Other:	Other:
DEBT			
Debt Type:	Balance Due:	Monthly Payment Amount:	
Debt Type:	Balance Due:	Monthly Payment Amount:	
Debt Type:	Balance Due:	Monthly Payment Amount:	
BANK ACCOUNTS			
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			Account Balance:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____			Account Balance:
ADDITIONAL INFORMATION			
Please provide any additional information that explains your financial situation:			
The foregoing information is a complete and accurate statement of my current financial condition.			

Defendant's Signature:		Date:
COLLECTION PROGRAM USE ONLY		
Date information received:	Date primary phone verified:	Verified by:
Payment ability information <input type="checkbox"/> meets <input type="checkbox"/> does not meet TAC §175.3 (a)(6)(A) criteria for required submission to the court.		Date payment ability information provided to the court, if required:
Notes:		