

**CITY OF HORSESHOE BAY MUNICIPAL COURT**  
**APPLICATION & FINANCIAL AFFIDAVIT FOR TIME PAYMENT PLAN**

PLEASE COMPLETE ALL INFORMATION AND PRINT LEGIBLY. DO NOT LEAVE ANY BLANKS. TODAY'S DATE \_\_\_\_\_

**PERSONAL INFORMATION**

FULL NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE/ID NUMBER AND STATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT INFO: HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

*Defendant authorizes the Court to contact defendant via text message at the above number "Y" OR "N"*

MARITAL STATUS: \_\_\_\_\_ # OF DEPENDANTS LIVING WITH YOU \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_

NEAREST LIVING RELATIVE: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_  
(NOT RESIDING WITH YOU)

LIST OF NAMES, ADDRESS & PHONE NUMBERS OF TWO (2) PEOPLE NOT RELATED TO YOU:

NAME	STREET ADDRESS	APT#	CITY & STATE	ZIP	PHONE #	YEARS KNOWN
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NAME	STREET ADDRESS	APT#	CITY & STATE	ZIP	PHONE #	YEARS KNOWN
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**EMPLOYMENT INFORMATION:**

EMPLOYER: \_\_\_\_\_  
COMPANY NAME ADDRESS PHONE #

SUPERVISOR POSITION YEARS OF SERVICE

HOURLY WAGE: \$ \_\_\_\_\_ TAKE HOME PAY: \$ \_\_\_\_\_ CIRCLE ONE: WEEKLY/BI-WEEKLY/MONTHLY NEXT PAY DAY: \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_  
COMPANY NAME ADDRESS PHONE #

SUPERVISOR POSITION YEARS OF SERVICE

HOURLY WAGE: \$ \_\_\_\_\_ TAKE HOME PAY: \$ \_\_\_\_\_ CIRCLE ONE: WEEKLY/BI-WEEKLY/MONTHLY NEXT PAY DAY: \_\_\_\_\_

ARE YOU A STUDENT? YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

**ACKNOWLEDGEMENT & DECLARATION**

Under penalty of perjury, I hereby certify the above is a complete and accurate statement of my current employment, address, and financial condition. I authorize Municipal Court and its employees or agents, to conduct an investigation of my statement. I understand this investigation could include verifying all information and obtaining of reports from credit reporting agencies. It is with this understanding that I request an extension of time for payment of the fines and court cost now due and payable. I understand that any returned or late payments will immediately default this agreement, and will result in an immediate Capias Pro Fine Warrant issued for my arrest and additional penalties.

STATE LAW requires the court to add an additional \$15.00 time payment reimbursement fee to every case not paid in full within 30 days. Your total due will increase by \$15.00 per case for any case with an outstanding balance after 30 days from the date of judgment.

Defendant's Signature \_\_\_\_\_

Clerk Receiving \_\_\_\_\_

