

JUDGE PAT JACOBS
JOHNSON COUNTY, TEXAS
JUSTICE OF THE PEACE
PRECINCT 3

PAYMENT PLAN EXTENSION
PACKET

**JUDGE PAT JACOBS
JUSTICE OF THE PEACE – PCT. 3
JOHNSON COUNTY, TEXAS**

206 NORTH BAUGH STREET

ALVARADO, TEXAS 76009

817-558-0111

PAYMENT PLAN – EXTENSION – COMMUNITY SERVICE GUIDELINES

PLEASE READ CAREFULLY. SIGN WHERE NECESSARY. INITIAL IN EACH SPACE.

The fine is part of the punishment for the crime committed. Court cost are part of the expense of legally processing my case. By completing the following application, I understand that I have entered a plea of guilty or no contest, waived my right to trial by judge, waived my right to trial by jury, and waived my right to appeal the charges filed against me. NOTICE: All court costs, fees and fines are expected to be paid in full at the time of pleading or sentencing. Defendants unable to pay all fees in full at the time of pleading or sentencing are required to complete an application for extension of time to pay with the JP 3 court clerk. (Article 103.0003 Code of Criminal Procedure)

DEFENDANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

APPLICATION:

- _____ I understand I am required to complete the following application legibly.
- _____ I understand the information contained within the following application will be verified.
- _____ I understand that providing incomplete or inaccurate information will delay my application being processed and / or refused.
- _____ I understand I must complete each blank on the application. If requested information does not apply to me, I will put "NA" in that blank.
- _____ I understand that The State of Texas will add a one-time \$25.00 time payment fee to each charge on a payment plan. I further understand that I will be charged an additional \$2.00 transaction fee on each payment I make.
- _____ I understand if granted an extension of time to pay my fine in full, I will only be charged the \$25.00 time payment fee if any part of my fine is paid on or after the 31st day after I entered a plea or a judgment was entered against me.
- _____ I understand that if approved for a payment plan, my minimum first payment will be \$125.00 per charge. This will include the \$25.00 time payment fee and the \$2.00 transaction fee.
- _____ I understand that the payments are due on the 15th of each month regardless of what day of the week that falls on. If the 15th falls on a Friday, Saturday or Sunday or a day that our offices are closed to the public, I understand that my payment will be due on the next business day that our offices are open. The first payment must be made in person, no exceptions.
- _____ I understand that in order to request community service, I must complete this application.

INTERVIEW:

- _____ I understand that the clerk of the court will review my application with me once I have completed all of the requested information.
- _____ I understand that I must provide the court with a copy of my driver license or picture identification.
- _____ I understand that if I am submitting this application by mail, then once the court has received my completed application that they will call to go over the application with me.

PROCESSING TIME:

- _____ I understand that my application will be processed in the order it was received.
- _____ I understand that if I have not received a notice regarding my application in the mail within 7 to 10 days of the date I completed the application, that I must contact the court to determine the status of my application.

QUESTIONS:

- _____ I understand that any questions about the payment of my fine or court cost will be answered before I leave the court. Should I have any other questions, I understand I should ask the clerk before I leave the court.

DEFENDANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

COURT CLERK _____ DATE _____

NOTARY PUBLIC _____ DATE _____

**JOHNSON COUNTY JP 3 COLLECTIONS
PAYMENT PLAN / EXTENSION / COMMUNITY SERVICE APPLICATION**

FOR OFFICE USE ONLY: VERIFIED ON _____ BY _____ APPROVED FOR _____ BY _____

CASE _____ OFFENSE _____ TOTAL DUE _____
CASE _____ OFFENSE _____ TOTAL DUE _____
CASE _____ OFFENSE _____ TOTAL DUE _____

I enter a plea of guilty (_____) or no contest (_____), waive my right to trial by judge, waive my right to trial by jury, and waive my right to counsel, and waive my right to appeal the charges against me.

Defendant
Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING INFORMATION. LEAVE NO SPACES BLANK.

DEFENDANT INFORMATION:

Name _____

Physical Address _____

Mailing Address _____

Telephone
(home) _____ (cell) _____ (alt.) _____

DOB _____ Race _____ Sex _____ DL# & Issuing State _____ SS# _____

Place Of
Employment _____ Supervisor _____

Employment Address _____ Work # _____

How Long At Current Job _____ Take Home Pay \$ _____ every _____

Is Defendant a Juvenile? ____ Yes ____ No. If yes, please complete the following information.

Name of
School _____ Grade _____

School Address _____

Defendants Marital Status: (Please check one.)

____ Married ____ Single ____ Seperated ____ Divorced ____ Widowed

GUARDIAN / SPOUSE INFORMATION:

Name _____

Physical Address _____

Mailing Address _____

Telephone (home) _____ (cell) _____ (alt) _____

DOB _____ Race _____ Sex _____ DL# & Issuing State _____ SS# _____

Place of Employment _____ Supervisor _____

Employment Address _____ Work # _____

How Long at Current Job _____ Take Home Pay \$ _____ every _____

NUMBER OF PERSONS LIVING IN HOUSEHOLD. _____ LIST NAME & RELATIONSHIP BELOW.

ALTERNATE CONTACTS (These CANNOT be the same as the spouse, guardian or employment)

NAME	ADDRESS	PHONE
Contact #1	_____	_____
Contact #2	_____	_____
Contact #3	_____	_____

DO YOU (Check One):

Rent home _____ Own home _____ Rent-free _____

If you rent, please list the following:

Name of Landlord _____ Phone # _____

AUTOMOBILES:

Vehicle 1: Make _____ Model _____ Year _____
LP _____ State _____

Vehicle 2: Make _____ Model _____ Year _____
LP _____ State _____

Do You Own More Than 2 Vehicles? Yes _____ No _____. If yes, list below.

LIST ALL EXPENSES BELOW:

Home mortgage, rent or lot rental \$ _____
 Routine home maintenance \$ _____
 Electricity \$ _____
 Water \$ _____
 Gas (for home) \$ _____
 Gas (for vehicle) \$ _____
 Home Phone \$ _____
 Cell Phone \$ _____
 Internet Service \$ _____
 Cable / Satellite TV \$ _____
 Newspapers, Magazines & Books \$ _____
 Automobile Payment \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Religious/Charitable Contributions \$ _____

Medical Bills \$ _____
 Dental Bills \$ _____
 Food \$ _____
 Clothing \$ _____
 Laundry & Cleaning \$ _____
 Insurance (home) \$ _____
 Insurance (vehicle) \$ _____
 Insurance (life) \$ _____
 Credit Card Payments
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Other (please specify)
 _____ \$ _____
 _____ \$ _____

TOTAL EXPENSES \$ _____

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU CAN WITHDRAWL FUNDS.

BANK NAME	TYPE OF ACCOUNT	ACCOUNT BALANCE

PLEASE LIST OTHER SOURCES OF INCOME BELOW AND AMOUNT RECEIVED.

_____ Welfare	\$ _____	_____ Medicaid	\$ _____
_____ Disability	\$ _____	_____ Social Security	\$ _____
_____ Child Support	\$ _____	_____ Alimony	\$ _____
_____ Retirement	\$ _____	_____ Unemployment	\$ _____
_____ Other	\$ _____	_____ Other	\$ _____

Total of Other Income \$ _____

LIST TOTAL MONTHLY INCOME BELOW:

Defendant's Monthly Income \$ _____
 Guardian's Monthly Income \$ _____
 Spouse's Monthly Income \$ _____
 Monthly Income From Other Sources \$ _____
Total Monthly Income \$ _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTOOD IT, AND AGREE TO IT.

_____ **I Promise that until my fines have been paid in full, I will notify this Court in person or by first – class mail of any changes of address or telephone number.**

_____ **I understand that the payments are due on the 15th of each month regardless of what day of the week that falls on. If the 15th falls on a Friday, Saturday or Sunday or a day this office is closed to the public, that the payment due date will fall to the next business day that our offices are open. The first payment will have to be made in person, no exceptions.**

_____ **I understand that I have a continuing obligation to this Court until my fines are paid in full to notify the court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.**

_____ **I understand that if any part of my fine is paid on or after the 31st day after I entered a plea or a judgment was entered, I will have to pay the \$25.00 State of Texas time payment fee. I further understand that there will be a \$2.00 transaction fee added to each payment I make while on my payment plan.**

_____ **I understand that submitting false financial information to the Court constitutes the crime of tampering with a government record, punishable by incarceration and / or the imposition of a fine (Sec. 37.10 Penal Code).**

_____ **I understand that the minimum first payment will be \$125.00 per charge. This will include the \$25.00 State of Texas time payment fee and the \$2.00 transaction fee.**

_____ **I understand that if granted an extension, I will be given until the 15th of what month is next to make payment of fine(s) in full.**

_____ **I understand that if granted community service, I must fulfill the hours given to me in the time granted by the court and provide proof of completion to the court by date given to me in order for my fines to be paid by community service. Otherwise, I understand that I will be held liable for payment of my fine in full.**

Acknowledgement and Declaration: Under penalty of perjury I hereby certify that the foregoing is a complete and accurate statement of my current financial condition. I understand that failure to provide all the information requested is considered an incomplete application and will not be reviewed. I authorize the Johnson County JP 3 office to conduct a thorough investigation of my statements. I understand this could include verifications of all information given and obtaining reports from credit reporting agencies. It is with this understanding and acknowledgement that I formally request an extension of time for payments of fines and court cost now due and payable to Johnson County JP 3.

Defendant's
Signature _____ **Date** _____

Parent/Guardian
Signature _____ **Date** _____

Court Clerk _____ **Date** _____

Notary
Public _____ **Date** _____