



# Killeen Municipal Court of Record APPLICATION FOR PAYMENT PLAN

Complete all information below by printing legibly.

Please make sure that you have ALL of the following items for your interview with Court Staff:  
*(Photo ID, Initial Payment, Proof of current address, and Valid phone number)*

Name: \_\_\_\_\_  
 Last First Middle Nickname/Maiden Name

Date of Birth: \_\_\_\_\_ Drivers Lic. or ID No.: \_\_\_\_\_ State.: \_\_\_\_\_  
 Social Security No : \_\_\_\_\_

Street Address: \_\_\_\_\_  
 Direccion Street Number/Name Apt./Lot City State Zip

Mailing Address: \_\_\_\_\_  
 Direccion de envio P. O. Box or Street Apt. City State Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status : Married \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Name of Employer:/ Unit Name if Military \_\_\_\_\_

Annual Salary : \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Bi Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

List two (2) Personal References:

_____	_____	_____
Name	Phone Number	Relationship
_____	_____	_____
Name	Phone Number	Relationship

The Collections Department will verify that the above information is truthful. Verification may include contacting past and present employers, relatives, and references. Failure to provide truthful information will be considered as being non-cooperative and can result in the defendant being directed to return to the originating Court. Failure to cooperate or make payments as ordered could result in the issuing of a warrant for your arrest.

**FOR EMPLOYEE USE ONLY**

Type of Payment Plan (Circle):      **30 Day Extension**      **Monthly Payment Plan**

Balance Due:      \$ \_\_\_\_\_      Payment Amount \$ \_\_\_\_\_

Date:      \_\_\_\_\_      Date:      \_\_\_\_\_

Approved by: \_\_\_\_\_

Ability to Pay     Multiple Cases     Standing Judge Orders     Judges Orders



## KILLEEN MUNICIPAL COURT OF RECORD PAYMENT PLAN CALCULATION WORKSHEET

\_\_\_\_\_ I assert that I am unable to pay the fine and costs immediately and that the following information is documentation that I have insufficient resources or income to pay today

<u>MONTHLY INCOME</u>		<u>MONTHLY EXPENSES</u>	
Defendant's Monthly Earnings	\$	Rent/Mortgage	\$
Spouse Earnings	\$	Utilities (Water/Electric/Gas)	\$
Unemployment Benefits	\$	Phone/Cell phone	\$
TANIF	\$	Groceries	\$
Social Security	\$	Car Payment	\$
Retirement	\$	Insurance	\$
Disability	\$	Medical Expenses	\$
Veteran's Benefits	\$	Child Support	\$
Child Support	\$	Others (Child Care)	\$
Food Stamps	\$		\$
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSE</b>	
		<b>DISPOSABLE INCOME:</b>	

**LIST ALL OF YOUR DEPENDANTS THEIR AGES, AND THEIR RELATIONSHIP TO YOU**

_____	_____
_____	_____
_____	_____
_____	_____



READ THE FOLLOWING TWO STATEMENTS AND CHECK THE ONE THAT BEST APPLIES TO YOUR SITUATION

1. \_\_\_\_ I **request** a review of my personal information in order to be considered for lower monthly payments or a longer term than those provided in the standard payment plan .

**OR**

2. \_\_\_\_ I **decline** review of my personal information in order to be considered for lower monthly payments or a longer term than those provided in the standard payment plan. I understand the terms of the standard payment plan and will be able to successfully meet those terms.

**DO YOU CURRENTLY RECEIVE ASSISTANCE FROM ONE OR MORE OF THE FOLLOWING PROGRAMS**

Food stamp or financial assistance program \_\_\_\_\_

Federal special supplemental nutrition program for women, infants, and children (WIC) \_\_\_\_\_

Medical assistance program under Chapter 32, Human Resources Code \_\_\_\_\_

The child health plan program under Chapter 62, Health and Safety Code \_\_\_\_\_

Are you required to attend school pursuant to the compulsory school attendance law in Sec. 25.085 of the Texas Education Code \_\_\_\_\_

**YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND 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 my address or telephone number at the following address withing five (5) days of the change.

**Killeen Municipal Court of Record  
200 E. Avenue D, Killeen, Texas 76541**

\_\_\_\_ I understand that until my fines and court costs are paid in full I have a continuing obligation 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 I pay any part of the fine, costs, or restitution (if applicable) on or after the 31<sup>st</sup> day after judgment was entered that I am responsible for paying a \$15 Time Payment Reimbursement Fee (Section 133.103, Local Government Code).

\_\_\_\_ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code). I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.

I ATTEST THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT:

Date: \_\_\_\_\_ Defendant's Signature: \_\_\_\_\_

Sworn and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Judge) (Clerk) (Deputy Clerk) (Notary Public)