APPLICATION FOR TIME PAYMENT, OR EXTENSION or COMMUNITY SERVICE

CAUSE NUMBER(s):

STATE OF TEXAS

VS.

IN THE MUNICIPAL COURT
CITY OF KEMPNER
LAMPASAS COUNTY, TEXAS

INITIAL ALL THAT APPLY.				
The Court has advised me that I am responsible	for satisfying the judgment and sentence:			
in the amount of \$in Caus	se Number;			
I assert that I am too poor to pay the fine and of that I have insufficient resources or income to pay	costs immediately and that the following information is documentation today.			
I request that the Court extend the payment to a later date.				
I request that the Court grant a time payment plan.				
I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs.				
I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of program:				
APPLICATION FOR TIME PAYMENT, EXTENSION	ON, & COMMUNITY SERVICE			
Name: Telephone Number:				
Address:				
Employer:	Job Title:			
Employer's Address:				
Salary: \$ per Employer's Telephone Number:				
Marital Status (Check One): Married \square	Divorced □ Widowed □			
Spouse's Name:	Spouse's Salary: \$ per			
Spouse's Employer:	Spouse's Job Title:			
List the source and amount of any other income you rece	ive: \$			
List all your dependents, their ages, and their relationship	o to you:			
Your residence is (Check One): Rented ☐ Owner	ed □ Rent-Free □			

LIST ALL BANK ACCOUNTS IN YOUR NAME OR FROM WHICH YOU MAY WITHDRAW FUNDS: Name of Institution Address of Institution Type of Account Account Balance ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY: Home mortgage payment, rent, or lot rental for trailer: Routine home maintenance: Utilities (electricity, water, gas, telephone): Food and sundries: Clothing: Laundry and cleaning: f. Newspapers, periodicals, & books, including school books: \$_____ Medical, dental, and drug expenses: h. Insurance (auto, life, medical, homeowners/renters): Transportation, including auto payments: į. \$ Taxes not deducted from wages or included in mortgage: \$ k. Alimony or support payments: 1. m. Religious/charitable contributions: Other expenses (Use reverse side if necessary): \$ \$ LIST ALL OF REAL ESTATE OWNED BY YOU OR YOUR SPOUSE: LIST & GIVE THE VALUE FOR ALL PERSONAL PROPERTY OWNED BY YOU OR YOUR SPOUSE: Deposits in financial institutions and cash on hand: \$____ b. Household goods and supplies (Use reverse side if necessary): _____\$____ c. Household furniture and furnishings (Use reverse side if necessary): _____ \$____ \$____ \$____ \$____ _____ \$___ d. Jewelry (Use reverse side if necessary): _____ \$____ \$____ _____ \$____

	Sports equipment and musical instrument	nts (Use reverse side if necessary):	
	\$	<u> </u>	\$
	\$	<u> </u>	\$
	\$	<u> </u>	\$
	Television, VCRs, DVD/Blu-ray player	s, and stereo equipment (Use reverse side if nece	ssary):
	\$	<u> </u>	\$
	\$	<u> </u>	\$
	\$	<u> </u>	\$
	Household appliances (Use reverse side	if necessary):	
	\$	<u> </u>	<u> </u>
	\$	<u> </u>	<u> </u>
	\$	<u> </u>	\$
	Automobiles, trucks, trailers, boats, and	accessories (Use reverse side if necessary):	
	\$	<u> </u>	<u> </u>
	\$	<u> </u>	\$
	\$	<u> </u>	\$
i.	Machinery and tools, lawn and garden e	quipment (Use reverse side if necessary):	
		\$	
	\$	\$	
		\$	\$
	Office equipment, supplies, furniture, ar	nd inventory (Use reverse side if necessary):	
	\$	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	\$
	Farming equipment, supplies, livestock,	and other animals (Use reverse side if necessary):
	\$	\$	<u> </u>
	\$	\$	\$
	\$	\$	\$
	Any other property not listed above (Use	e reverse side if necessary):	
	\$	\$	\$
	\$	<u> </u>	\$
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	'AND IT, AND AGREE TO IT.	IENTS INDICATES THAT TOO HAVE KEAD THI
_	my fines have been paid in full, I will notify to number within five days of the change.	his court in person or by first-class mail of any changes of m
NOTIFY THE CO		ATION UNTIL MY FINES ARE PAID IN FULL TO CIAL STATUS THAT MAY HINDER MY ABILITY THE JUDGMENT.
	I pay any part of the fine, costs, or restituti ponsible for paying a \$15 time payment fee.	on (if applicable) on or after the 31st day after judgment wa
governmental reco	d, punishable by incarceration and/or the	o the Court constitutes the crime of tampering with a imposition of a fine. (Sec. 37.10, Penal Code) I swear than plete to the best of my knowledge and belief.
Date:	Defendant's Signature: _	
Sworn and subscribe	d before me this dayof	, 20
		Judge City of Kempner Lamapas County, Texas