

# CITY OF KEMPNER MUNICIPAL COURT

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## REQUEST FOR EXENSION OF TIME TO PAY

*Sign and return by mail, email or in person :*

CITY OF KEMPNER MUNICIPAL COURT, P O BOX 660, KEMPNER, TX 76539

PHONE:512-932-2180

CITATION NO:\_\_\_\_\_

OFFENSE:\_\_\_\_\_

FULL NAME:\_\_\_\_\_ Driver's License # and State\_\_\_\_\_

I plead (no contest/guilty) and waive my right to a jury trial and request an extension of time to pay the fine and court costs in the amount of \$ \_\_\_\_\_. (Contact the Court for the amount). *By paying the fine you are waiving your right to receive discovery information pertaining to your case. If you are requesting discovery information in regards to this case, you must follow the rules of Texas Criminal Procedure.*

I understand that if I do not pay this amount in full within thirty (30) days from the date of Judgment, a pay agreement fee of \$15.00 per offense will be added to the balance of fines and court costs due at the time and I will be put on a payment plan. I will make payments in 3 monthly increments (if balance is \$200.00 or less) or 6 monthly increments (if over \$200.00) until paid in full. (If you need longer than 6 months to pay you MUST request that from the Judge).

I UNDERSTAND THAT PAYMENTS ARE DUE ON THE SAME DATE OF EACH MONTH AS THE DATE OF THIS AGREEMENT. IF DATE FALLS ON WEEKEND OR HOLIDAY, PAYMENT IS DUE THE FOLLOWING BUSINESS DAY.

I understand that if payments are not made as agreed, a capias pro fine warrant may be issued. Additionally, the following actions will be pending against you:

- **Turned over to McCreary, Veselka, Bragg & Allen Collection Service**
- **Entered into State Database**
- **Hold placed on renewal of driver's license**

Date of Request (mm/dd/yyyy)\_\_\_\_\_ Email\_\_\_\_\_

Mailing Address\_\_\_\_\_ Home Phone\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_ Cell Phone\_\_\_\_\_

### **Financial Information Required**

Defendant's Place of Employment:

Defendant's Work Phone #:

Defendant's Monthly Income\$:

Spouse's (If Applicable) Place of Employment:

Spouse's Work Phone #:

Spouse's Montly Income\$:

PAYMENT METHODS:

CASH OR MONEY ORDER/NO PERSONAL CHECKS

PAY ONLINE: cityofkempner.org (small convenience fee charged)

\*\*\*\*\* (REQUIRED) DEFENDANT'S SIGNATURE\_\_\_\_\_

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P.O. Box 660  
12288 US Highway 190  
Kempner, TX 76539

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Fax: 512-932-3124  
Email: courtclerk@kempnertx.gov