

JUDGE DONNA MATHIS  
CITY OF LOG CABIN  
14387 ALAMO RD  
LOG CABIN, TX 75148  
(903) 489-2195 \* FAX (903) 489-0106

**DO NOT LEAVE ANY BLANKS ON THE APPLICATION**  
**ANSWER ALL QUESTIONS**

The fine is part of the punishment for the crime committed. Court cost is part of the expense of legally processing your case.

**GENERAL PROCESSING:** If you leave without making a payment arrangement, you will be in violation of your court order and subject to arrest.

**APPLICATION:** You are required to complete this application legibly. The information will be verified. Incomplete or inaccurate information will delay your processing and/or will be refused.

**INTERVIEW:** Terms of payment will be established.

**PROCESSING TIME:** Your application will be processed in the order it was received.

**QUESTIONS:** Any questions about the payment of your fine and court cost will be answered before you leave. The time to clear up any question you may have is at the end of the interview.

**WARNING: FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND A MAXIMUM FINE UP TO \$4000.00**

I have read and understand the above:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

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## PAYMENT PLAN NOTICE

If you are unable to pay your fines and fees please notify Court Clerk immediately after found guilty or a plea of no contest. Upon approval, a payment plan will be set up to help you with compliance on your debt.

50% of total is due within 48 hours

Balance is due within 30 days

**There will be a State mandated fee of \$25.00 assessed on all accounts open after 31 days**

Within 5 days of default on payment you will be notified by mail and by phone at your home or place of employment

**After 31 days of default a warrant for your arrest will be issued and a warrant fee of \$50 will be added along with a \$30 fee for entry into a statewide database**

**On accounts still open after 61 days your account will be referred to a contracted collection service that will assess a 30% collection fee to be included with other incurred cost**

I have received a copy of this document and understand all terms stated within.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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APPLICATION FOR PAYMENT OF COURT COSTS, FINE & FEES

DEFENDANT'S INFORMATION: (Informacion)

Name: \_\_\_\_\_  
(Nombre) Last (Apellido) First (Nombre) Middle (Segundo Nombre)

Home Address: \_\_\_\_\_  
(Direccion) Number (Numero) Street (Calle) Apt. City (Ciudad) State (Estado) Zip Code (Codigo Postal)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Social Security No -----  
(Segundo Telefono) (Celular) (Nombre de Seguro Social)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_  
(Fecha de Nacimiento) (Numero de licencia para manejar)

Employer: \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_  
(Empleador) (Empleador Telefono)

Work Address: \_\_\_\_\_ Position: \_\_\_\_\_ Time at Job: \_\_\_\_\_  
(Direccion) (Puesto) (La Duracion)

DEFENDANT'S INCOME/EXPENSE INFORMATION: (Salario Mensual)

Income (ingresos)

Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_  
(por quincena) (salario mensual) (por semana)

Other Source of income \_\_\_\_\_ Next Pay Day \_\_\_\_\_  
(SSI; Social Security; Spouse)

Bank Information (informacion bancaria)

Checking Account: Bank \_\_\_\_\_ Balance \_\_\_\_\_  
(cuenta de cheques) (banco) (saldo de la cuenta)

Savings Account: Bank \_\_\_\_\_ Balance \_\_\_\_\_  
(cuenta de ahorros) (saldo de la cuenta)

Other Accounts: Bank \_\_\_\_\_ Balance \_\_\_\_\_  
(otras cuentas) (saldo de la cuenta)

Monthly Expenses (gastos mensuales)

Mortgage/Rent \$ \_\_\_\_\_  
(hipoteca/aquiler)

Electric/Gas \$ \_\_\_\_\_  
(eletrica/gas)

Water/Sewage \$ \_\_\_\_\_  
(agua/agua residuals)

Phone \$ \_\_\_\_\_  
(telefono)

Auto Payment \$ \_\_\_\_\_  
(pago automatic)

Insurance \$ \_\_\_\_\_  
(seguro)

Child Care \$ \_\_\_\_\_  
(el cuidado de los ninos)

Child Support \$ \_\_\_\_\_  
(infantile)

Gasoline \$ \_\_\_\_\_  
(gasoline)

Food \$ \_\_\_\_\_  
(comida)

Do you receive monthly Food Stamps? \_\_\_\_\_  
(Hacer que usted recibe estampillas de comida?)

Other: (please list) (otro/por favor una lista) \_\_\_\_\_  
\_\_\_\_\_

Creditor Information (acreedor information)

Vehicle Loan: Company \_\_\_\_\_  
(pretamo vehiculos) (compania)

Monthly Payment \_\_\_\_\_  
(pago mensual)

Credit Cards: Company \_\_\_\_\_  
(trajetas de credito) (compania)

Monthly Payment \_\_\_\_\_  
(pago mensual)

Company \_\_\_\_\_  
(compania)

Monthly Payment \_\_\_\_\_  
(pago mensual)

YOU MUST HAVE (2) FAMILY REFERENCES (TEXAS STATE LAW), (MUST HAVE 2)  
(Amigo o Pariente)

(1) Name: \_\_\_\_\_  
(nombre)

Address: \_\_\_\_\_  
(direccion)

Phone Number: (\_\_\_\_) \_\_\_\_\_  
(telephone)

Relationship to Defendant: \_\_\_\_\_  
(parentesco con el acusado)

(2) Name: \_\_\_\_\_  
(nombre)

Address: \_\_\_\_\_  
(direccion)

Phone Number: (\_\_\_\_) \_\_\_\_\_  
(telephone)

Relationship to Defendant: \_\_\_\_\_  
(parentesco con el acusado)

Office use only

Total Income: \$ \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_ < \_\_\_\_\_ >

For internal use only

Home or Contact Phone Verified: yes \_\_\_\_\_ no \_\_\_\_\_

Employment and other sources of income verified: yes \_\_\_\_\_ no \_\_\_\_\_

Date interview completed: \_\_\_\_\_

Office Clerk: \_\_\_\_\_

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

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**ACKNOWLEDGMENT AN DECLARATION:**

Under penalty of perjury, I hereby certify that the information I have supplied is complete and accurate statement of my current financial condition and the collections department of Log Cabin, their employees or agents to conduct a complete and thorough investigation of my application and I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. With this understanding and acknowledgment that I formally request an extension of time to pay fine and court costs now due and payable to Log Cabin Municipal Court.

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

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

**EL RECONOCIMIENTO Y laDECLARACION:**

Bajo pena de perjurio, certifica que la información que he proporcionado es la declaración completa y exacta de mi actual condición financiera y el departamento de colecciones de Log Cabin, sus empleados o agentes para llevar a cabo una investigación completa y exhaustiva de mi solicitud y entiendo que esta investigación podría incluir verificaciones directas de toda la información dada y la obtención de informes de agencias de informes de crédito. Con este entendimiento y reconocimiento de solicitar oficialmente una prórroga del plazo para pago de multa y costas judiciales ahora exigibles y pagaderos a la Corte Municipal de cabaña.

Fecha de firma de Acusado \_\_\_\_\_

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