

SMITH COUNTY JUDICIAL COMPLIANCE DEPARTMENT Application for Payment of Court Costs, Fine & Fees (For office use only)		DEPARTAMENTO DE CUMPLIMIENTO JUDICIAL DEL CONDADO DE SMITH SOLICITUD DE PAGO DE COSTOS JUDICIALES, MULTAS Y TASAS (Sólo para uso de la Oficina)	
ANSWER ALL THE QUESTIONS ***IF NOT APPLICABLE, PLACE N/A***		RESPONDA TODAS LAS PREGUNTAS ***SI NO SE APLICA A SU CASO PONGA N/A***	
Personal Information/Información Personal			
Name: (Last, First, Middle)/Nombre Completo (Apellido, Primer N., Segundo N.)		Nickname, Maiden N.,AKA/Apodo, Apellido de soltera, TCC.	
Date of Birth/ Fecha de Nacimiento	SSN / NSS	Sex: Male ___ Sexo: Masculino ___	Female ___ Femenino ___
Address/Domicilio: Street/Calle _____ Apt. # _____ Lot/Lote # _____ City & State/Ciudad y Estado: _____ ZIP/Código Postal _____			
Mailing Address/Domicilio Postal: Street/Calle: _____ City & State/Ciudad y Estado: _____ ZIP/Código Postal _____ E-Mail Address/Mi e-mail es _____			
Home Phone/ Teléfono de casa:		Cell Phone/Teléfono Celular:	
Driver License or ID Number/ Número de Licencia o Documento de Identidad		State/Estado	Expiration date/ Fecha de Expiración:
Marital Status/Estado Civil: Married/Casado(a) ___ Separated/Separado ___ Single/Soltero(a) ___ Widowed/Viudo(a) ___ Divorced/Divorciado(a) ___		Spouse Name/ Nombre del esposo/a:	
Friends or References/Nombre de Amigos o Referencias			
Name/Nombre	Address/ Domicilio	Phone Number/Número Teléfono	Relationship/Parentesco
Name/Nombre	Address/ Domicilio	Phone Number/Número Teléfono	Relationship/Parentesco
ASSETS/INGRESOS			
If you are not working, state why. If you are in School state which one/ Si no está trabajando, explique porque. Si asiste a la Escuela, indique cual.			
Position & Title/Puesto y Título:	Hourly Wage/ Pago por Hora: \$ _____	Pay Schedule/ Fecha de Pago: Weekly ___ Biweekly ___ Monthly ___ Semanal ___ Quincenal ___ Mensual ___	
Salary/ Salario: \$ _____	Monthly Pay/Pago Mensual: \$ _____		
Employer Name/ Nombre del Empleador:		Phone Number & Extension/Número de Teléfono y Extensión:	
Supervisor Name/Nombre del Supervisor:		Phone Number & Extension/Número de Teléfono y Extensión:	
Name of Bank / Nombre de su Banco			
Checking Balance/ Balance de su Cuenta de Cheques:		Savings Balance/ Balance de su Cuenta de Ahorros:	

Please Check any other Source of Income You Receive / Por favor indique cualquier otro tipo de ingreso que usted reciba

Social Security/ Seguro Social _____ Retirement/Retiro _____ Disability/incapacidad _____
 Welfare/Asistencia Social _____ Unemployment//Desempleo _____ Child Support/Manutención _____

Obligations/Obligaciones

**List all your creditors (Mortgage Companies, Banks, Credit Cards, Finance Companies, Department Stores, etc.)
 Haga una Lista de Todos sus Acreedores y Deudas (Hipotecas, Bancos, Compañías Financieras, Tiendas de Departamento, etc.)**

_____	\$ _____	\$ _____
Company Name/Nombre de la Compañía	Balance Owed/Balance adeudado	Payment Amount (Monthly)/Pago Mensual
_____	\$ _____	\$ _____
Company Name/Nombre de la Compañía	Balance Owed/Balance adeudado	Payment Amount (Monthly)/Pago Mensual

SUMMARY/RESÚMEN

Your Monthly Income/ Sus Ingresos Mensuales

Salary(month)/Salario Mensual: \$ _____
 Child Support/ Manutención \$ _____
 Other Income/Otros Ingresos \$ _____
TOTAL \$ _____

Your Spouse Monthly Income/Ingresos Mensuales de su esposo/a

Salary (monthly)/Salario Mensual: \$ _____
 Child Support/ Manutención \$ _____
 Other Income/Otros Ingresos \$ _____
TOTAL \$ _____

Monthly Expenses/Gastos Mensuales

Rent/Mortgage/Renta/Hipoteca \$ _____
 Utilities/Servicios de Agua, Electricidad Gas etc. \$ _____
 Phone/Teléfono \$ _____
 Food/Alimentación \$ _____
 Car Payment/Pago de carro \$ _____
 Insurances/Seguros \$ _____
 Medical Expenses/Gastos Médicos \$ _____
 Child Support – Alimony/ Pensión de Manutención \$ _____
 Maintenances/Mantenimiento \$ _____
 Others (explain)/Otros (explique) \$ _____
TOTAL \$ _____

ACKNOWLEDGEMENT AND DECLARATION/ CONOCIMIENTO Y DECLARACIÓN

I agree that the Court may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. The Court may also contact me by sending text messages or e-mails, using any e-mail address I provide to the Court. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Under penalty of perjury, I hereby certify that the foregoing as being a complete and accurate statement of my current financial condition. It is with the understanding and acknowledgement that I formally request an extension of time for payment of the fine/fees and court costs now due and payable.

 Defendant's Signature

Date ____/____/____

Clerk Signature _____ Date ____/____/____

Estoy de acuerdo en que la Corte me contacte por teléfono a mi numero asociado con mi cuenta, incluyendo mis números de teléfono inalámbrico, lo que podría implicar un costo para mi. La corte también me puede contactar enviándome mensajes de texto o e-mail, usando la dirección de correo electrónico que yo di la Corte. Los métodos para contactarme pueden incluir usar mensajes de voz pregrabados con voz artificial y/o usando instrumentos de marcado automático si fuese aplicable.

Bajo pena de perjurio, certifico que la información que antecede es una completa y exacta declaración de mi actual situación financiera. Es con este conocimiento que solicito una extensión de tiempo para el pago de la multa y los costos de corte que adeudo.

 Firma del Acusado

Fecha: ____/____/____

Clerk Signature _____ Date ____/____/____

PLEA AND WAIVER/DECLARACION DE RENUNCIA

I have been informed of my right to a trial of the matters now pending before the court.
Se me ha informado de mi derecho a un juicio de los asuntos actualmente pendientes ante el tribunal.

- I** hereby enter a plea of guilty and waive appearance for trial/ **YO** entro en un declaracion de culpable y renuncio comparecencia en el juicio
- I** hereby enter a plea of nolo Contender (No Contest)/**YO** entro en un declaracion de no contendere (sin concurso)
- I** have already appeared in court and entered a plea/**YO** he aparecido en la corte y he declarado

Defendant Signature/ La firma del demandado

____/____/____
Date/ Fecha

Clerk Signature

____/____/____
Date/ Fecha

ACKNOWLEDGEMENT

I hereby certify the information I have supplied is true and correct. In the event **ANY** changes are made on the Application I must notify the Judicial Compliance Department at (903) 590-4624 within **7 BUSINESS DAYS**. If I fail to comply I understand my Payment Plan will be defaulted and returned to the Court and subject to my arrest.

Por la presente certifico que la informacion que he proporcionado es verdadera y correcta. En el evento se realiza algun cambio en la Solicitud debo notificar al Departamento de Cumplimiento Judicial al (903)590-4624 dentro de los **7 Dias**. Si no cumplo entiendo mi plan de pago se omite y regreso a la corte y con sujecion a mi detencion.

Defendant Signature/ La firma del demandado

____/____/____
Date/ Fecha

Clerk Signature

____/____/____
Date/ Fecha

Standard Payment Plan Acknowledgment Form

I _____, understand and agree to the terms of the standard payment plan and acknowledge and agree that the following is true and correct:

1. I am able to pay \$_____ a month on or before the date my payment is due as described in the attached Standard Payment Plan Summary.
2. I understand how much I owe every month, the dates that my payments are due every month, and how many payments I will need to make.
3. I understand I can request collection staff to review my financial information (payment ability information) to see if I can have lower monthly payment amounts or additional time to pay than what is listed in the attached Standard Payment Plan Summary. I do not need or want collections program staff to review my financial information because I can successfully make the payments described in the attached Standard Payment Plan Summary.

A \$25 time payment fee will be due with the final payment under the standard payment plan if the entire fine and costs are not paid before the 31st day from judgment. (Time Payment Fee: Section 133.103 Texas Local Government Code.)

Defendant Name (Print)

Defendant Signature

Date

Clerk Name (Print)

Clerk Signature

Date

Ability To Pay Review And Guidelines

Depending on your financial circumstances, you may be able to request a hearing for the judge to consider your ability to pay and any nonmonetary compliance options available to you to satisfy your court debt. The judge may grant or deny your request for a hearing, and nonmonetary options are available at the court’s discretion. If you are indigent or unable to pay, please call local program staff for further information.

You have the right to avoid jail for defaults in payment if the court does not: (1) hold a hearing and, (2) make a written finding that: (A) you are indigent and have failed to make good faith effort under the law to discharge your fine and court costs, and you could have discharged your fine and costs without experiencing undue hardship; or (B) you are not indigent and have failed to make good faith effort to discharge your fine and costs.

Please check one if it applies to you:

- Attends high school
- Household income does not exceed 125% of the federal poverty guideline. (**This includes you and your spouse**) (see chart below); or
- Defendant receives certain public assistance (food stamps, WIC, Medicaid, CHIP).

Sec. 175.3 (a)(6)(A)

Federal Poverty Guidelines Chart (Please Circle One)

<u>House hold/ Family Size</u>	25%	50%	75%	100%	125%
1.	\$2,970	\$5,940	\$8,910	\$11,880	\$14,850
2.	\$4,005	\$8,010	\$12,015	\$16,020	\$20,025
3.	\$5,040	\$10,080	\$15,120	\$20,160	\$25,200
4.	\$6,075	\$12,150	\$18,225	\$24,300	\$30,375
5.	\$7,110	\$14,220	\$21,330	\$28,440	\$35,550
6.	\$8,145	\$16,290	\$24,435	\$32,580	\$40,725
7.	\$9,183	\$18,365	\$27,548	\$36,370	\$45,913
8.	\$10,223	\$20,445	\$30,668	\$40,890	\$51,113
9.	\$11,263	\$22,525	\$33,788	\$45,050	\$56,313
10.	\$12,303	\$24,605	\$36,908	\$49,210	\$61,513

Defendant Signature: _____ Date: _____