

CITY OF SNOOK MUNICIPAL COURT
10245 FM 2155
P.O. BOX 10
Snook, Texas 77878

REQUEST FOR PAYMENT PLAN

The Defendant(s) must submit their request either through mail or in person. The Court cannot consider oral request. The violation(s) will be reported as a conviction on your Texas Department of Public Safety Driving Record.

STANDARD REQUIREMENTS TO BE PLACED ON A PAYMENT PLAN ARE AS FOLLOWS:

1. **PLEA OR FINDING OF GUILT/NO CONTEST** - A plea of guilty or no contest must be entered on your case before you are eligible for a time payment plan.
2. **MUST BE APPROVED** - The Judge must approve the request.
3. **ADMINISTRATIVE FEE** - An administrative fee of \$15 per violation is added to your fine(s)
4. **MAINTAIN THE TIME PAYMENT PLAN** - It will be the defendant's responsibility to keep track of and maintain the time payment plan. The time payment plan option does not in any way release the defendant from the responsibility of the total fine due.

STEPS TO REQUESTING PAYMENT PLAN

1. **MAKE A REQUEST IN WRITING** - The Defendant must make a written request of PAYMENT PLAN to the court.
2. **COMPLETE PAYMENT PLAN APPLICATION** – Defendant must complete application completely. (No Blank Lines).
3. **COMPLETE AN AFFIDAVIT OF INDIGENCY** - The Defendant must complete a Statement of Inability to Pay Form.

ONCE PAYMENT PLAN IS GRANTED

1. **SIGN PAYMENT PLAN AGREEMENT** - Once PAYMENT PLAN is granted; the Court will mail the defendant payment plan agreement. Defendant will need to sign agreement and send it back to the court with a cashier's check/money order for the first payment. After your first payment is processed with the return of your agreement all other payments can be made mailed or made in person.

DRIVER'S LICENSE HOLDS

The Court will automatically release a hold on a driver's license once PAYMENT PLAN is complete.

CITY OF SNOOK MUNICIPAL COURT

P.O. Box 10
Snook, TX 77878
(979) 272-3021

Sworn Statement of Inability to Pay

Party's Information	
Name:	Phone Number:
Address:	DL No. or State ID:
City: St: Zip:	Single or Married (circle) No. of Dependents:
Government Entitlement Income	
Temporary Aid of Needy Families (TANF): \$	Food Assistance: \$
Social Security or Disability: \$	Health Care Assistance: \$
Veteran's Benefits: \$	Other: \$
Income	
Monthly Income: \$	Child Support: \$
Employer: \$	Interest, dividends, etc.: \$
Spouse Income: \$	Other: \$

Property Owned by Party (other homestead, household furnishings, clothes, etc.): _____

I have the following monthly expenses:

Rent/Mortgage: _____ Food: _____

Utilities: _____ Child Care: _____

Car/ Insurance: _____ Other Expenses or Debts: _____

Balance of cash or checking account (s) \$ _____ Savings account (s) _____

I am unable to pay court fees. I *verify that the statements made in this statement are true and correct.*

Party's Signature

SUBSCRIBED AND SWORN to and before me this _____ day of _____, 20____.

Notary Public

PLEASE ANSWER ALL QUESTIONS – DO NOT LEAVE ANY BLANKS

CITY OF SNOOK MUNICIPAL COURT

Mail to:
P.O. Box 10, Snook, TX 77878

APPLICATION FOR TIME PAYMENT PLAN

INITIAL ALL THAT APPLY.

___ The Court has advised me that I am responsible for satisfying the judgment and sentence:
in the amount of \$_____ in Cause Number(s) _____

___ I hereby enter a plea of **GUILTY or NO CONTEST (circle one)**

___ 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.

___ I request that the Court grant a time payment plan.

___ I understand that I must make and initial payment (Cashiers' Check/Money Order (NO PERSONAL CHECKS OR ONLINE PAYMENTS WILL BE ACCEPTED) and thereafter make monthly payments each month to satisfy the entire balance.

****** Please enclose a COPY of a Valid ID or Texas Driver License ******

PLEASE PRINT

Name _____ DOB: ____/____/____
First Middle Last

Mailing Address _____ City _____ State _____ Zip _____

Telephone Number:(____) _____ Email: _____ Driver's License/ID #: _____

Employer: _____ Job Title: _____

Employers Address: _____
City _____ State _____ Zip _____

Supervisor: _____ Telephone Number: (____) _____ Salary: \$_____ per _____

Telephone Number: (____) _____ Salary: \$_____ per _____

Name and Phone Number of Three (3) Personal References:

Name: _____ Telephone Number: (____) _____

Name: _____ Telephone Number: (____) _____

Name: _____ Telephone Number: (____) _____

ANSWER ALL QUESTIONS – DO NOT LEAVE ANY BLANKS – DO NOT REPEAT PHONE NUMBERS

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 within five (5) days of the change.

____ 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 31st day after judgment was entered that I am responsible for paying a \$15 time payment 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.

Defendant's Signature: _____

Date: _____

Court Clerk: _____

Date: _____