



REQUEST FOR PAYMENT PLAN TO PAY FINE

Instructions: You have 20 business days after receiving your citation to handle your citation. Complete this form and mail it to the clerk's office. **It is your responsibility to follow up with the court at 512-327-1862 to verify receipt of your request.**

Defendant's Name: _____

Citation #: _____

Offense(s): _____

DOB & DL #: _____

Address w/APT#: _____

City, State, Zip: _____

Cell phone number: _____ Work# _____

Email Address: _____

If an email address is provided your notice will be sent to you electronically.

I am requesting a payment plan and I am UNABLE to pay the \$50.00 down towards my total owed to begin. I'm am submitting an Application for Consideration of Alternatives to Satisfy Fine and Court Cost. (initial) _____

I am entering a plea of: **No Contest** OR **Guilty** Indicate one or the other.

I do hereby waive my right to a jury trial and request to pay my fine in full. (initial) _____

I am aware that any violation that is placed on a payment plan will include **an additional \$15 Time Payment Reimbursement Fee per violation** as required pursuant to Sec. 51.921, Government Code. In accordance with this statutory requirement, if the Time Payment Fee was not assessed at the time of payment, you will be notified in writing.

Once your paperwork has been received and reviewed by the Court and you meet the eligibility for a payment plan you will be notified. Payment plans are \$75.00 a month until the amount is paid in full.

Defendant Signature: _____ Date: _____

*****METHODS OF PAYMENT AND CONTACT INFORMATION *****

Cash, Money Order, Cashier's Check

Payment by MasterCard, Visa, American Express or Discover in person or online at www.westlakehills.gov, if eligible

Phone: 512-327-1862 Email: court@westlakehills.gov

911 Westlake Drive, West Lake Hills, Texas 78746

DO NOT SEND CASH IN THE MAIL (No Checks)

**APPLICATION FOR CONSIDERATION
OF ALTERNATIVES TO SATISFY FINE AND COURT COSTS**



The following application is to assist the judge in making a determination in the defendant's ability to satisfy fine and court costs. If approved, and not already assessed a \$15 Time Payment Reimbursement Fee may be applied to each case placed on a payment plan.

La siguiente solicitud es para ayudar al juez a tomar una determinación sobre la capacidad del acusado para pagar la multa y los costos judiciales. Si se aprueba, y aún no se ha evaluado, se puede aplicar una tarifa de reembolso de pago por tiempo de \$ 15 a cada caso incluido en un plan de pago.

The following items **1-4** are required to be submitted along with the application prior to the application being reviewed. All questions in the application must be answered or if not applicable, write N/A. Blank line items may delay your application being processed or denied in its entirety.

*Los siguientes elementos del **1 al 4** deben enviarse junto con la solicitud antes de que se revise la solicitud. Todas las preguntas de la solicitud deben responderse o, si no corresponde, escriba N/A. Los elementos de línea en blanco pueden retrasar el procesamiento o denegación de su solicitud en su totalidad.*

1. Provide a copy of a form of identification i.e. DL, ID, passport, work badge
Proporcionar una copia de una forma de identificación, es decir, DL, ID, pasaporte, credencial de trabajo
2. Provide a bill, junk mail or letter addressed to you with your current address to show proof of mailing address
Proporcionar una factura, correo no deseado o una carta dirigida a usted con su dirección actual para mostrar prueba de la dirección postal
3. Provide at least 2 most recent pay stubs from your employer or bank statements. If you do not work, please fill out the **Other** section on Page 4
4. *Proporcione al menos 2 comprobantes de pago más recientes de su empleador o extractos bancarios. Si no trabaja, complete la sección **Otro** en la página 4*

CASE NUMBER(S) _____

NAME: _____

| | | |
|-----------------------------|-------------------|----------------------------|
| (NOMBRE) LAST (Apellido) | FIRST (Nombre) | MIDDLE (Segundo Nombre) |
|-----------------------------|-------------------|----------------------------|

STREET ADDRESS _____

| | | | | | | |
|-------------|--------------------|-------------------|-----|------------------|-------------------|------------------------|
| (DIRECCION) | NUMBER (Numero) | STREET (Calle) | APT | CITY (Ciudad) | STATE (Estado) | ZIP (Código Postal) |
|-------------|--------------------|-------------------|-----|------------------|-------------------|------------------------|

MAILING ADDRESS _____

| | | | | |
|---|-----|------------------|-------------------|------------------------|
| (DIRECCION DE ENVIO) POST OFFICE BOX OR STREET (Caja Postal o Calle) | APT | CITY (Ciudad) | STATE (Estado) | ZIP (Código Postal) |
|---|-----|------------------|-------------------|------------------------|

HOME PHONE: _____

(TELEFONO)

CELL PHONE: _____ E-MAIL ADDRESS _____

(CELULAR) (DIRECCION DE CORREO ELECTRONICO)

DATE OF BIRTH: _____ DRIVERS LICENSE NO.: _____
(FECHA DE NACIMIENTO) (NUMERO DE LICENCIA PARA MANEJAR)

MARRIED _____ SINGLE _____ SEPARATED _____ DIVORCED _____
(CASADO) (SOLTERO) (SEPARADO) (DIVORCIADO)

FRIEND OR REFERENCE: _____
(AMIGO O REFERENCIA) PHONE NUMBER RELATIONSHIP NAME
(TELEFONO) (RELACION) (NOMBRE)

2nd FRIEND OR REFERENCE: _____
(AMIGO O REFERENCIA) PHONE NUMBER RELATIONSHIP NAME
(TELEFONO) (RELACION) (NOMBRE)

EMPLOYER: _____
(EMPLEADOR) NAME ADDRESS PHONE NUMBER POSITION HOW LONG?
(NOMBRE) (DIRECCION) (TELEFONO) (PUESTO) (DURACION)

SALARY: \$ _____ HOURLY WAGE: \$ _____ TAKE HOME MONTHLY PAY: \$ _____
(SALARIO) (SALARIO POR HORA) (SALARIO MENSUAL)

PLEASE CHECK ANY OTHER SOURCE OF INCOME YOU RECEIVE: **PROOF REQUIRED (SE REQUIERE PRUEBAS)**
(INDIQUE OTRO TIPO DE SUELDO)

_____ Welfare _____ Social Security / _____ Retirement _____ Unemployment _____ Disability _____ Child Support
(Asistencia de Social) Retirement (Retiro) (Desempleao) (Deshabilidad) (Sostenimiento de niños)
(Retiro de Seguridad Social)

Other than yourself, how many people do you support directly?: _____
(Además de usted, a cuantas mas personas le ofrece soporte económico directamente) NUMBER RELATIONSHIP AGES
(NUMERO) (RELACION) (EDAD)

List all your creditors (Mortgage Companies, Banks, Credit cards, Finance Companies, Department Stores, etc.) (Créditos y Deudas)

_____ \$ _____
Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

_____ \$ _____
Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

_____ \$ _____
Company Name Balance Owed Payment Amount (Month)
(Nombre de Compania) (Balance de pagos) (Pago Mensual)

MONTHLY INCOME (SALARIO MENSUAL) MONTHLY EXPENSES (GASTOS MENSUALES)

| | | | |
|---|----------|---|----------|
| Current Salary/Income (Salario) | \$ _____ | Child Support/ Alimony (Sostenimiento de niños/ Pension) | \$ _____ |
| Child Support/ Alimony (Sostenimiento de niños/ Pension) | \$ _____ | Mortgage/Rent (Renta) | \$ _____ |
| Other Income (Otro Salario) | \$ _____ | Utilities- Gas/Light/Water (Servicio Publico) | \$ _____ |
| Spouse's Income (Salario del esposo) | \$ _____ | Internet/Streaming T.V. (Internet/Transmisión de T.V.) | \$ _____ |
| Total | \$ _____ | Telephone; House/Cell (Teléfono) | \$ _____ |
| Name of Bank _____ (Nombre de Banco) | | Car Payment/Insurance (Pago de coche/seguro de auto) | \$ _____ |
| <input type="checkbox"/> Checking Balance: \$ _____ (Balance) (Cuenta de Cheques) | | Groceries (Comida) | \$ _____ |
| <input type="checkbox"/> Savings Balance: \$ _____ (Balance) (Cuenta de Ahorros) | | Child Care Expenses (Guarderia infantil) | \$ _____ |
| | | Total Monthly Expenses (Gastos Total) | \$ _____ |

Other: If you are not working, state why. If you are in school, state which one and whether you are full or part-time. Describe your financial circumstances and anything else that may help the court determine available alternatives means to satisfy the outstanding judgment. Please provide supporting documentation for the judge to review.

Otro: si no está trabajando, explique por qué. Si estás en la escuela, indica cuál y si estás a tiempo completo o parcial. Describe sus circunstancias financieras y cualquier otra cosa que pueda ayudar al tribunal a determinar los medios alternativos disponibles para satisfacer el fallo pendiente. Proporcione documentación de respaldo para que el juez la revise.

ACKNOWLEDGMENT AND DECLARATION (RECONOCIMIENTO Y DECLARACION)

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Clerk's Office of the City of West Lake Hills and its employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request consideration to alternatives to satisfy the fine and court costs owed and payable to the City of West Lake Hills.

Bajo penal de perjurio, Yo por el presente certifico que lo previo es mi declaración completa y exacta de mi condición financiera actual. Yo autorizo a la Oficina de las Oficinistas de la Ciudad de West Lake Hills y sus empleados o agentes conducir una investigación completa y detallada de mi declaración. Yo entiendo que esta investigación puede incluir verificaciones directas de toda la información dada y obtener los reportes de las agencias de crédito. Es con este entendimiento y reconocimiento que solicito formalmente la consideración de alternativas para satisfacer la multa y los costos judiciales adeudados y pagaderos a la Ciudad de West Lake Hills.

Defendant Signature
(Firma)

Date
(Fecha)