

APPLICATION FOR TIME PAYMENT, EXTENSION OR COMMUNITY SERVICE

I Certify, under penalty of perjury, that I am unable to pay the fees assessed me by the Murphy Municipal Court at this time.

I authorize the Murphy Municipal Court to confirm the accuracy of the information I have provided below.

IMPORTANT NOTICE: This document will be filed with the court. Filing a document you know contains false information with the Court is punishable as CONTEMPT of COURT for which you may be incarcerated for 72 hours and fined \$100.00. Additionally, it is a CRIMINAL OFFENSE to knowingly make, present, file, or use a document containing false information in conjunction with your request of extension of time to pay fees or other Court Proceedings. \$25.00 fee may be assessed if you have not made full payment within thirty (30) days.

Cause Number(s) _____

Signature _____
Printed Name _____
Date of Court _____

Your Information

Employment Information

Name: _____

Are You presently Employed: ___ Yes ___ No

Address: _____

Employer Name and Address: _____

Home Number: _____

Contact Name: _____

Cell Number: _____

Contact Telephone: _____

Date of Birth: _____

Do you have Children: ___ Yes ___ No. If yes how many: _____

Contact Title: _____

Contact Information of Adult living with you

Name: _____

Date of Birth: _____

Contact Number: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

List two References Residing in Texas (person must be an adult and NOT living with you)

1. Name _____

2. Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

Years that you have known this person: _____

Years that you have known this person: _____

Describe circumstances warranting your need for extension of time to pay: _____

Monthly Income Information

Monthly income (after tax) \$ _____

Government Assistance \$ _____

Other \$ _____

Total Monthly Income \$ _____

Monthly Expense Information

Rent or Mortgage Payment \$ _____

Auto Payments \$ _____

Insurance \$ _____

List Other Expenses \$ _____

Total Monthly Expenses \$ _____

Financial Credit Information

Official Use Only-Thumb Prints Below

Name of Bank: _____

Location: _____

Account(s)

Checking Present Balance \$ _____ Savings \$ _____

Available Credit/Credit Cards \$ _____

Cash on Hand \$ _____