

Van Zandt County



DEFENDANT INFORMATION

(Application for Payment Extension)

(Complete both pages – please print) Incomplete applications will not be accepted.

Case # _____ Date _____

Name:

_____ Last First Middle
Home Address:

_____ Street City/State Zip Code
Mailing Address (if different from home address):

_____ Street City/State Zip Code

Home/Primary Phone _____ Mobile _____ Email _____

Date of Birth _____ Social Security# _____ Drivers License/ID # _____ State _____

Race _____ Gender _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Ethnicity: Hispanic _____ Non-Hispanic _____ Other _____ Citizenship _____ Place of Birth(City & State) _____

HS Diploma/GED _____ Highest Grade Completed _____ Marital Status _____ Language _____

If Married, Spouses Name:

_____ Name Address Phone

Number of dependents you support _____ Spouse [] Children [] Other [] _____

Personal References (Two persons who will be able to contact you at all times):

_____ Name Address Phone Relationship

_____ Name Address Phone Relationship

Vehicle Information: Auto Make _____ Model _____ Body Style _____ Color _____ Year _____

License # _____ State Issued _____

Employment Status: Employed _____ Unemployed _____ How Long? _____ Are you a student _____ Where? _____

_____ Employer Name/Source of Support Name Address Phone Yes/No/NA Know of Probation

Hourly wage \$_____ Take Home Pay \$_____ circle one: weekly / bi-weekly / monthly Next pay date _____

List any other sources of income and the amount:

Unemployment \$_____ Social Security \$_____ Disability \$_____ Retirement \$_____ Welfare \$_____

Child Support \$_____ Food Stamps \$_____ Other \$_____ (description) _____

Financial Institutions:

Bank Account: _____ Checking _____ Savings _____ Bank Name _____ Balance \$ _____

Obligations:

List all of your Creditors (Loans, Credit Cards, Student Loans, Auto Loans, etc.)

Company Name Balance Owed Payment Amount (weekly / bi-weekly / monthly)

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Monthly Expenses:

Mortgage/Rent \$_____ Electric/Gas \$_____ Water \$_____ Phone/Mobile \$_____

Cable \$_____ Child Care \$_____ Child Support \$_____ Insurance \$_____

Life/Health Ins. \$_____ Alimony \$_____ Food \$_____ Gas \$_____ Other \$_____

If Renting:

Landlord Name Address Phone#

ACKNOWLEDGEMENT AND DECLARATION:

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. I authorize the Collections Department of Van Zandt County, their 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 that I request an extension of time to pay fine and court costs now due and payable to Van Zandt County.

X _____
Defendant's Signature Date

(For Office Use Only)

Verification and Interview completed by: _____ [] Office [] Phone
Signature Date