

Please print legibly ---- Blank answers will delay your processing

**RANDALL COUNTY JUDICIAL ENFORCEMENT
APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN**

HOW MUCH WILL YOU BE PAYING TODAY? \$ _____

A) PERSONAL INFORMATION: COMPLETE ALL BLANKS

Social Sec. # _____ - _____ - _____

Date of Birth _____ Race ____ Sex ____

Drivers License [] or I.D. [] Number# _____ State _____

<i>For Office Use Only</i>	Total Due:\$ _____
Cause # _____	
VERIFIED BY _____	
DATE _____	
PROB EXP DATE _____	

Name: _____
Last First Middle Go By

Mailing Address: _____
Number/Street apt. # City/State Zip Code

Physical Address: _____
Number/Street apt. # City/State Zip Code

Cell Phone: _____ Home Phone: _____ Alternate Phone: _____

[] Married [] Single [] Separated [] Divorced

If married, Spouse's Name _____
First Middle Last

Spouse's Address & Phone # (if different) _____
Address Phone

**B) REFERENCES: LIST 4 PEOPLE WHO KNOW HOW TO CONTACT YOU AT ALL TIMES. AT LEAST 1 MUST BE A RELATIVE.
REQUIRED TO BE COMPLETED**

1) _____
Name Address Phone Relationship

2) _____
Name Address Phone Relationship

3) _____
Name Address Phone Relationship

4) _____
Name Address Phone Relationship

C) STUDENT INFORMATION: ARE YOU A STUDENT? [] YES [] NO *IF "NO," MOVE TO PART "D"*

If yes, [] College [] High School [] Other Status [] Full-time [] Part-time Education (grade level completed) _____

Name of School _____ Who pays tuition? _____

Please print legibly ---- Blank answers will delay your processing

D) EMPLOYMENT: Are you Employed Unemployed?

How long? _____ Days Weeks Months Years

If employed, Part-time Full-time

If "Part-time," approximately how many hours per week _____

Employer: Name _____

Address _____

Phone #(_____) _____ - _____

Hourly wage \$ _____ Take Home Pay \$ _____

weekly bi-weekly monthly Next Pay Day _____

Spouse's Employer: Employed Unemployed

How long? _____ Days Weeks Months Years

If employed, Part-time Full-time

If "Part-time," approximately how many hours per week _____

Employer: Name _____

Address _____

Phone #(_____) _____ - _____

Hourly wage \$ _____ Take Home Pay \$ _____

weekly bi-weekly monthly Next Pay Day _____

E) CREDITORS

List All of Your Creditors (ex. Banks, Auto Payment, Credit Card Accounts, Finance Companies, Rent-to-Own Companies, etc.)

1) _____	Balance Owed	Payment Amt. (wk./mo.)
Company Name		

2) _____	Balance Owed	Payment Amt. (wk./mo.)
Company Name		

F) ASSETS: Do you own your home? Yes No Are you renting or buying? Renting Buying

Do you own any other property or real estate? Yes No If yes, where? _____

Bank Accounts:

Checking Bank Name _____ Balance \$ _____

Savings Bank Name _____ Balance \$ _____

Automobiles:

Year _____ Make/Model _____

Year _____ Make/Model _____

G) OTHER INCOME

Welfare \$ _____

Retirement \$ _____

Social Security \$ _____

Disability \$ _____

Unemployment \$ _____

Food Stamps \$ _____

Child Support \$ _____

Other Income \$ _____

Explain: _____

H) EXPENSES:

Rent/Mortgage \$ _____

Electric \$ _____

Gas \$ _____

Phone \$ _____

Water \$ _____

Food \$ _____

Cable TV \$ _____

Child Care \$ _____

Life/Hlth Ins \$ _____

Child Support \$ _____

Garnished Pay direct

Probation Fee \$ _____

Other \$ _____

What? _____

Are all expenses in your name?

Yes No

I) DEPENDENTS

How many dependents do you support? _____

Spouse

Child(ren) Age _____

Age _____

Age _____

Age _____

Age _____

Other

Relationship _____

Other

Relationship _____

ACKNOWLEDGMENT 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 further authorize the Randall County Judicial Enforcement Office, 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 and acknowledgment that I formally request an extension of time to pay fine and courts costs now due and payable to Randall County.

Failure to pay MAY result in a Warrant, Omni or Scoff and additional fees may apply. _____ **(Initials Required)**

Sworn and Subscribed to this _____ - _____ 20____, by the Defendant.

X _____

Defendant's Signature

For Office Use Only:

Defendant failed to date application –
Received by Collections on

_____ - _____ 20____