

APPLICATION FOR EXTENSION OF TIME TO PAY

I Certify, under penalty of perjury, that I am unable to pay the fees assessed me by the Southlake Municipal Court at this time. I authorize the Southlake 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. 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 fee may be assessed if you have not made full payment within thirty (30) days.

Cause Number(s) _____ ; _____ ; _____

Your Information

Name: _____

Address: _____

City, State, Zip Code: _____

Home Number: (_____) _____ - _____

Cell Number: (_____) _____ - _____

Date of Birth: _____

Do you have any children: Yes No If yes how many: _____

Employment Information

Are you presently employed: Yes No

If employed; how long: _____

Employer Name: _____

Address: _____

City, State, Zip Code: _____

Contact Name: _____

Contact Telephone (_____) _____ - _____

Contact Occupation: _____

Contact Information of Adult living with you

Name: _____

Date of Birth: _____

Contact Number: (_____) _____ - _____

Employer Name & Address: _____

Occupation: _____

Describe circumstances warranting for your extension of time to pay:

Monthly Income Information

Current monthly gross wage/income \$ _____
(After Tax Deductions)

Governmental Assistance \$ _____

Other _____ \$ _____

Total Monthly Income \$ _____

Monthly Expense Information

Rent or Home Mortgage Payment \$ _____

Auto Payments \$ _____

Insurance \$ _____

List other expenses _____ \$ _____

Total Monthly Expenses \$ _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE