

**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