

CAUSE NUMBERS: _____

STATE OF TEXAS

VS.

IN THE MUNICIPAL COURT
CITY OF LAMARQUE

GALVESTON COUNTY, TEXAS

Standard Payment Plan Acknowledgement Form

The Court has advised me that I am responsible for satisfying the judgment and sentence in the total amount of \$_____ in the above referenced Cause Numbers. I state that I am financially unable to pay the full amount at one time and have insufficient resources or income to pay my fines today. As such, I request that the Court grant me a time payment plan to pay all fines and fees assessed.

1. I am able to pay \$150.00 a month on or before the date my payment is due as described in the attached Standard Payment Plan Summary.
2. I understand how much I owe every month, the dates that my payments are due every month, and how many payments I will need to make.
3. I understand that I can request court staff to review my financial information (payment ability information) to see if I can have a lower monthly payment amounts or additional time to pay than what is listed in the attached Standard Payment Plan Summary. I do not need or want court staff to review my financial information because I can successfully make the payments described in the attached Standard Payment Plan Summary.
4. I understand that by requesting a time payment plan, in addition to fines and fees assessed, I will also have to pay a processing fee of \$25.00 per case as required by State Law. I further understand that if the offense was committed September 1, 1999, or after, the \$25 fee is collectable only if the entire amount of the fine is not paid by the 30th day after the fine is assessed.
5. I also understand that if I fail or refuse to pay my fine, a *capias* warrant will be issued for my arrest which may add additional fees to my case ; that there will be a denial of the renewal of my driver's license and additional costs of \$30 per case.

(circle one)

Payment Plan: I hereby voluntarily waive my right to a jury trial and enter a plea of guilty or no contest. I hereby agree to pay the fine and costs totaling \$ _____, at designated intervals starting on _____ and to pay \$ _____ monthly until the total amount is paid in full.

I, the Defendant, do hereby swear or affirm that the statements above are true and understand and agree to the terms of the standard payment plan and acknowledge and agree that the following is true and correct:

Signature

Print defendant's full name

Today's Date

Address (include apt. #) _____ City, _____ State, Zip Code _____

Home Phone _____ Cell Phone _____

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