

CITY OF TOOL MUNICIPAL COURT
701 N. Tool Dr., Tool, TX 75143
Office: 903-432-3522; Fax: 903-432-3867

PAYMENT PLAN APPLICATION

PLEASE PRINT LEGIBLY!!!

NAME: _____ DATE OF BIRTH _____

DRIVERS LICENSE / STATE _____ SSN: _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

IS RESIDENCE: RENTED / OWNED / OTHER _____

HOME # _____ CELL # _____ ALT. # _____

EMAIL ADDRESS: _____

CIRCLE ONE:

MARRIED / SINGLE / DIVORCE / SEPERATED / WIDOW / OTHER _____

SPOUSE NAME _____ SPOUSE # _____

CICRLE ONE: (DEFENDANT INFO)

EMPLOYED / RETIRED / DISABLED / OTHER _____

PLACE OF EMPLOYMENT: _____ WORK # _____

EMPLOYER ADDRESS _____ CITY/STATE/ZIP _____

POSITION: _____ SALARY \$ _____ W / BI-W / M

RENTS\$ _____ UTILITIES\$ _____ PHONES\$ _____ AUTOS\$ _____

THE JUDGE WILL NOT APPROVE YOUR PAYMENT PLAN IF YOU DO NOT LIST TWO CONTACT NAME S AND NUMBERS. YOU CAN NOT USE A NUMBER LISTED ABOVE.



NAME & ADDRESS	RELATIONSHIP	PHONE NUMBER
NAME & ADDRESS	RELATIONSHIP	PHONE NUMBER

I HEREBY SWEAR, UNDERSTAND THE LAW OF PERJURY, THAT ALL THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME _____

SIGNATURE _____ DATE _____

DO NOT LEAVE ANY SPACES BLANK. ALL SPACES MUST BE FILLED OUT WITH VAILD AND CORRECT INFORAMTION. IF ANY INFORMATION PROVIDED CAN NOT BE VERIFIED, THE COURT WILL ASK THAT YOU MAKE CHANGES TO YOUR APPLICATION.**IT IS YOUR RESPONSIBILITY TO CONTACT THE COURT IF ANY OF YOUR INFORAMTION CHANGES.**

Sworn to and Subscribed to before me, A Notary Public, on this _____ day of _____, 21 ____.

{Stamp} _____

Commission expires Notary Public for the State of Texas