

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.

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NAME & ADDRESS	RELATIONSHIP	PHONE NUMBER
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***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