



ARANSAS PASS MUNICIPAL COURT

645 W LOTT

ARANSAS PASS, TX 78336

(361) 758-2888

PAYMENT PLAN

NAME _____

PHONE
NUMBER _____

HOME
ADDRESS _____

MAILING
ADDRESS _____

PLACE OF
EMPLOYMENT _____

WORK
ADDRESS _____

WORK PHONE
NUMBER _____

EMAIL
ADDRESS _____

JOB
TITLE _____

PAY RATE _____

PAID HOW OFTEN _____

PAYMENT PLAN QUESTIONNAIRE

If you are granted a payment plan today, How much can you pay today? _____

How often can you make payments? _____ How much? _____

Initial by each of the following statements indicating you have read, understand and agree to each statement.

_____ I understand that if I am granted a payment plan, that any fine or fee not paid in full within 30 days of the conviction/adjudication will incur a \$15.00 payment fee.

_____ I understand that if I do not pay according to the terms set by the judge, a warrant will be issued for my arrest which will add another \$80.00 per offense to my total fine.

_____ I will notify the court of any changes in my home address, work information, or phone number until my fines are paid in full.

_____ I understand that submitting false information on this document to the court constitutes a criminal offense of "Tampering with a government document" and is punishable by a fine and/or incarceration.

Defendant Signature _____

Date _____

Judge/Court Clerk

Signed this the _____ day of _____, 20____