



Tenth Judicial District Court **APPLICATION FOR PAYMENT PLAN**

APPLICANT INFORMATION

Defendant's Name:			
Any Aliases or other Names:			
Date of birth:	SSN:	Home Phone:	
Work Phone:	Mobile Phone:		
Current Mailing address:			
City:	State:	ZIP Code:	
Current Physical Address:			
City:	State:	Zip Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	

EMPLOYMENT INFORMATION

Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			

SPOUSE'S INFORMATION: IF APPLICABLE

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	



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SPOUSE'S EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:		Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:
Previous employer:			
Address:			
Phone:	E-mail:		Fax:
City:		State:	ZIP Code:
Position:		Hourly Salary (Please circle)	Annual income:

APPLICATION INFORMATION CONTINUED

Emergency Contact Name:			
Phone:		Relationship:	
Name of nearest relative not residing with you:			
Address:			
City:		State:	Zip Code:
Home Phone:		Work Phone:	Mobile Phone:
Relationship:			

BANKING INFORMATION

Bank's Name/Branch	Checking/Savings	Amount in Account	Account Numbers

OTHER SOUCES OF INCOME

Description	Amount per month

VEHICLE INFORMATION

Year	Make	Model	Monthly payment



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EXPENSES

Description	Account no.	Amount

DEPENDANTS

Child's Name:	Age:

PROPOSED PAYMENT PLAN*** ALL FEES MUST BE PAID IN FULL WITHIN 12 MONTHS**

Balance Owed:	Date Payment Due:
\$_____ at 11 months with the final payment of \$_____ on the 12 th month	
OR	
\$_____ at _____ months with the final payment of \$ _____ on the _____ month	

I authorize Tenth Judicial District Court to verify the information provided on this form as to my credit and employment history.

Signature of applicant	Date
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*******INTERNAL USE ONLY*******

REVIEW BY:

APPROVED BY: