

Verified by:
Date:

City of Kilgore Municipal Court
Application and Financial Affidavit for Time Payment Plan

DUE BY:

Please complete all information and please print legibly. **Do not leave any blanks.**

PERSONAL INFORMATION:

Name: _____
Last First Middle Nickname Race/Sex

Physical Address: _____
Street Apt. City State Zip

Mailing Address: _____
Street Apt. City State Zip

Contact Info: _____
Email Address Home Phone # Cell Phone # Spanish Only

Date of Birth: _____ Driver's License or ID #/State: _____ Social Security #: _____

Marital Status: _____ Dependents Living with You (age & relationship): _____
Spouse's Name
Or Other: _____

_____ Last First Middle Nickname

List three (3) personal references:

Name Address or Email Address Relationship Phone # Spanish Only

Name Address or Email Address Relationship Phone # Spanish Only

Name Address or Email Address Relationship Phone # Spanish Only

EMPLOYMENT INFORMATION:

Employer: _____
Company Name Address Phone #

Supervisor's Name Your Position Years of Service

Hourly Wage: \$ _____ Take Home Pay: \$ _____ Circle one: weekly/bi-weekly/monthly Next Pay Day: _____

ONLY FILL OUT THE PAYEE INFORMATION IF SOMEONE ELSE IS GOING TO PROVIDE YOU THE MONEY TO PAY YOUR PAYMENTS

Payee's Information: _____
Name Address Phone # Spanish Only

Payee's Employer: _____
Company Name City Phone Number Position

Are you a student? Yes ___ No ___ If yes, Name of School _____

Do you or anyone in your home receive: SSDI _____ SSI _____ SNAP _____ WIC _____ CCS _____ Medicaid _____ CHIP _____ TANF _____ CEAP _____ PHA _____
Disability Income Low Income Food Asst. Women/Child Asst. Child Care Medical Child Insurance Financial Asst. Utility Asst. Housing Asst.

A State mandated time payment fee of \$15.00 will be added to EACH case that is not paid in full by the 30th day from the date of the plea/conviction. This is a one time fee that will be added on the 31st day.

Under penalty of perjury, I hereby certify the above is a complete and accurate statement of my current employment, address, and financial condition. I authorize the Municipal Court of the City of Kilgore, its employees or agents, to conduct an investigation of my statement.

Defendant's Signature _____ Date _____