

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

RENT\$ _____ UTILITIES\$ _____ PHONES\$ _____ AUTO\$ _____

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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.**