



Nueces County Application for Extension of Time for Payment of Fine and Costs

INSTRUCTIONS

- Step 1. Be prepared to pay Court Costs today!**
A payment plan requires an initial payment.
- Step 2. Fill out application completely. (It will be verified).**
All information must be legible. Incomplete or inaccurate information will delay the process.
- Step 3. Sign completed application** and submit as follows:
- Nueces County Residents submit in person to:**
Nueces County – Collections & Compliance
901 Leopard St. – Room 201
Corpus Christi TX 78401
- Nueces County Non-Residents mail or fax to:**
Nueces County – Collections & Compliance
P.O. Box 583
Corpus Christi, TX 78403
Fax: (361) 888-0881
- Step 4. You must be interviewed** to establish a payment agreement.

Nueces County ***DOES NOT*** accept partial payments for Criminal Costs, Fees, and Fines until a payment plan has been established. Failure to comply may result in a ***capias profine*** (warrant) issued for your arrest.

CITATIONS – You ***must*** contact the court in the jurisdiction where the citation was issued. Refer to your citation for this information.



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For Office Use Only:

Interview Date	Interviewer	SID/Party #	Cause No.	Court
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PERSONAL INFORMATION *Please print and complete both sides of form.*

Name	Last	First	MI	Date of Birth / /	Driver's License No./State ID No.
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Street Address:	City	State	ZIP	Telephone No. ()
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Race:	Sex:	HT:	WT:	Color Eyes:	Color Hair:	Email address	Alternate Telephone No. ()
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Marital Status:	If married, Name of Spouse: Last First MI			Telephone No. (if different) ()
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<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Spouse's Address (if different)	Street Address	City	State	ZIP
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Nearest Relative not living with you:	Relationship:
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Address of Relative:	Street Address	City	State	ZIP	Relative Telephone No. ()
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List the names, addresses and telephone numbers of two personal references not related to you.

Name	Address	Telephone No.	Years Known
1			
2			

EMPLOYMENT INFORMATION *If unemployed, list previous employer.*

Employer Name	Address	Position	How Long
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Supervisor Name	Supervisor Telephone No. ()	Pay Cycle	Take Home Pay \$ Per <input type="checkbox"/> week <input type="checkbox"/> month
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Spouse's Employer Name	Address	Position	How Long
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Spouse's Supervisor Name	Supervisor Telephone No. ()	Pay Cycle	Take Home Pay \$ Per <input type="checkbox"/> week <input type="checkbox"/> month
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ASSETS

Please Check any other sources of income you receive and the amounts: (monthly)

<input type="checkbox"/> Welfare	<input type="checkbox"/> Social Security	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Retirement	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____
\$	\$	\$	\$	\$	\$	\$

List banking institutions including credit unions where you may have a checking or savings account

Banking Institution	Type of Account	Balance
1	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
2	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
3	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Automobiles Owned: Yr. Make Model	Vehicle Registration/License Plate(s) No.
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OBLIGATIONS

No. of Dependents living with you

Ages of dependents

List all your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Rent-to-Own Companies. (Use separate sheet of paper to list additional creditors.

	Company Name	Balance Owing	Payment Amount	Per
1				<input type="checkbox"/> Week <input type="checkbox"/> Month
2				<input type="checkbox"/> Week <input type="checkbox"/> Month
3				<input type="checkbox"/> Week <input type="checkbox"/> Month
4				<input type="checkbox"/> Week <input type="checkbox"/> Month

MONTHLY EXPENSES:

Rent/Mortgage	Utilities	Telephone	Food	Vehicle Insurance	Child Care	Alimony	Other
\$	\$	\$	\$	\$	\$	\$	\$

Please check one:

Own or buying own home

Rent – Landlord's Name & Address:

Live with parents

Other - - Please explain

ACKNOWLEDGMENT AND DECLARATION

Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Nueces County, its employees or agents to conduct a complete and thorough investigation of my statement and authorize Nueces County to call and mail me notices of delinquency. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Nueces.

Defendant's Signature

Sworn to and subscribed before me this _____ day of _____, 20____, by the defendant.

Nueces County, Texas

Witnessed

By: _____

Court Clerk

**Collections & Compliance
Nueces County, Texas**

Verified

By: _____

Deputy