

PAYMENT PLAN APPLICATION

Justice Court, Precinct 1
Clay County, Texas
214 N. Main Street
P.O. Box 71
Henrietta, Texas 76365

Citation Number: _____ Citation Date: _____

Violation: _____

Upon approval, the Defendant shall make an initial payment of at least 10% of the total (minimum of \$15.00) to have an extension of time to pay or a payment plan established. Payments can be made via Credit Card, Cashier's Check or Money Order only.

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- A defendant who is already set up on a payment plan or has been given an extension of time to pay and is unable to make the required payment may have a modification to the payment plan or granted additional time to make a payment not to exceed ten (10) days (note: a modification to the payment plan does not change the original pay schedule)
 - An extension to make a payment shall not be granted over the phone
 - A \$15.00 Time Payment Fee will be assessed in accordance with Section 133.103 Texas Local Government Code.
 - All information provided within this application must be completed by the defendant and must be current, accurate and true. Please be sure to fill out all the required fields.
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Defendant Personal Information:

Name: _____ Date of Birth: ____/____/_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License _____ State: _____

Email: _____

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PLEA ENTERED:

- Entering a plea of guilty or no contest may result in a conviction appearing on your criminal record or driving record. You should contact an attorney if you have questions or concerns regarding this issue.
- The Transportation Code provides that the Texas Department of Public Safety may suspend Defendant's driver's license following a conviction for certain offenses. *You should contact an attorney if you have questions or concerns regarding this issue.*

A plea must be entered below before an extension of time to pay or a pay plan can be granted by the Court.

I, Defendant, in this case, waive my right to a jury trial and the other rights described above, and I hereby enter the following plea to the charged offense:

****** Please choose one and only one of the following ******

Guilty

Nolo Contendere ("No Contest")

And request to set up a payment plan with the Court. I understand that entering the plea indicated above may result in all or any of the following: a criminal conviction; and the assessment of a fine and court costs. I further understand that I will be obligated by law to satisfy the Court's judgment in this cause.

I hereby certify that all the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Clay County Justice Court. I also certify that I will keep the Court informed of all changes in address, phone number and email.

Defendant's Signature

Date