

The following items are needed to complete you payment plan agreement:

- 1. Your last Pay Check Stub (if you work) or, if you are self employed a business card.**
- 2. A recent Phone or Cell Phone bill with current address (if you do not have a phone we need some type of bill with your current address (water bill, or electric bill))**
- 3. Some type of ID (DL, ID, School ID, Social Security Card, or birth Certificate)**

These items are required for verification by the State of Texas, and will be needed to complete your payment plan agreement.

If you do not have these items with you when you come in to set up a payment plan, we will allow you 5 days to get these items to us. If not received within 5 days your payment plan will be cancelled and a warrant for your arrest will be requested.

You can mail it to the Collections Dept, at P.O. Box 908, Lufkin Texas 75902 or fax it to 936-939-0725 or bring it to our office.

ANGELINA COUNTY COLLECTIONS DEPARTMENT
APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN

(Complete front and back – please print) Blank answers will delay your processing.
(Porque no esta preparado para pagar su multa y costos tribunals hoy)

How much are you prepared to pay today? (Cuanto va a pagar hoy) \$ _____

PERSONAL INFORMATION:

NAME: _____
(Nombre) Last (Apellido) First (Primer Nombre) Middle (Sefundo nombre)

ADDRESS: _____
(Direccion) Street (Calle) Apt # (Numero de apartamento) City (Ciudad) State (Estado) Zip (Codigo postal)

PHONE: (_____) _____ **CELL PHONE:** (_____) _____
(Numero de telefono) (Numero Celular)

If no phone, give a number where you can be reached: _____
(Si ningun telefono, numero donde po dremos comunicarnos con usted y con quien hablar)

DATE OF BIRTH: _____ **DRIVERS LICENSE / I.D. No:** _____ **Social Security No:** _____
(Fecha De Nacimiento) (numero de licencia de conducir) (Numero de seguro social)

Two Living Relatives not residing with you: _____
(Dos Pariente mas cercano que no viva con ud) **Name (Nombre)** **Relationship (Relacion)**

Address (Direccion) **Phone Number (Numero de Telefono)**

Name (Nombre) **Relationship (Relacion)**

Address (Direccion) **Phone Number (Numero de Telefono)**

EMPLOYMENT INFORMATION:

EMPLOYED (EMPLEADO) _____ **UNEMPLOYED (Sin Empleo)** _____ **How Long? (Por Cuanto Tiempo)** _____

Employer: _____ (_____) _____
(Empleador) **Company Name (Nombre de Compania)** **Address (Direccion)** **Phone Number (Numero de Telefono)**

Hourly Wage: (Sueldo por hora) \$ _____ **Take home Pay:** (Sueldo Neto) \$ _____

Circle one: weekly / bi-weekly / monthly (Circula la opcion adecuada: seminal / bi-semanal / mensualmente)

Please Check any Other Source of Income you receive and the amount (s):

(Por favor apunta cualquier otros ingresos que ud recibe y la cantidad)

Welfare (Asistencia social) \$ _____ **Social Security** (Seguro Social) \$ _____

Unemployment (Prestacion Por desempleo) \$ _____ **Food Stamps** (Cupones de alimentos)\$ _____

Child Support (Pension alimentaria) \$ _____ **Disability** (Beneficios por discapacidad) \$ _____

BANK INFORMATION :

Bank Accounts: Checking **Bank Name** _____ **Balance \$** _____
(cuenta corriente) (Nombre bancario) (balanza)

Saving **Bank Name** _____ **Balance \$** _____
(Ahorros) (Nombre bancario) (balanza)

List all of your creditors (ex. Banks, Credit Card Accounts, Finance Companies, Rent to own Companies, Auto Payment, Mortgage Company, etc.

(Liste a todos Sus Acreedores (ex. Los bancos, Cuentas de TGarjeta de Credito, Companias de financianietos, Companias de alquilar para apropiar, Pago de Auto, sociedad hipotecaria, etc.)

Company Name **Payment Amount (week / Mo)** **Balance Owed**
Nombre de compania (La Cantidad del Pago (semana/mes) (balanza de pagos)

Company Name **Payment Amount (week / Mo)** **Balance Owed**
Nombre de compania (La Cantidad del Pago (semana/mes) (balanza de pagos)

Company Name **Payment Amount (week / Mo)** **Balance Owed**
Nombre de compania (La Cantidad del Pago (semana/mes) (balanza de pagos)

MONTHLY EXPENSES PAID: (Los gastos mensuales que paga)

Rent (Alquiler) \$ _____ **Electric** (Electrico) \$ _____ **Gas** \$ _____ **Phone** (Telefono) \$ _____

Water (Agua) \$ _____ **Food** (alimento) \$ _____ **Cable Tv** (television por cable) \$ _____

Child Care (Guarderia) \$ _____ **Child Support** (Pension alimentaria) \$ _____ **Other** (Otro) \$ _____

If Renting (si esta alquilando) _____

Landlords Name (Nombre de proietario) **Address** (Direccion) **Phone Number** (Numero de telefono)

ACKNOWLEDGEMENT AND DELCARATION

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. I authorize the Collections Department of Angelina County, their employees, or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with the understanding and acknowledgment that I formally request and extension of time to pay fine and court cost now due and payable to Angelina County.

RECONOCIMIENTO Y DECLARACION

Bajo pena del perjurio, yo por la presente certifico que la informacion que he suministrado es completa y exacta de mi condicion financiera actual. Autorizo el Departamento de Colecciones de Condado de Angelina, sus empleados o los agents a realizar una investigacion completa de mi declaracion. Entiendo que esta investigacion puede incluir comprobaciones de toda informacion y obtener de informes de agencias de cobertura de credito. Esta con esta compression y el reconocimiento que solicita formalmente que un extension de tiempo de pager multa fastos tribunals y los tribunals ahora debido y pagadero al Condado De Angelina.

Date/ Fecha

Defendants Signature/ Firma de acusado

OFFICIAL USE ONLY

Interviewed by: _____ Date: _____

COMMENTS:

