

ANGELINA COUNTY COLLECTIONS DEPT.
936-639-0719

OUR OFFICE HOURS ARE 7:30–NOON & 1:00-4:30
THE LAST APPLICATION FOR THE DAY IS TAKEN NO LATER THAN 4:00
(Our hours may vary depending on staffing)

We are located at 206 E. Frank Ave. Lufkin, TX
(Tan building behind the main courthouse inside the courthouse square)

**PLEASE BRING THE FOLLING ITEMS ALONG WITH YOUR COMPLETED
AND SIGNED APPLICATION TO SET UP YOUR PAYMENT PLAN
AGREEMENT**

1. Your last pay stub or a printout if direct deposit or a business card if you are self employed. Or an awards letter or statement of benefits if you receive Social Security, SSI, Unemployment, Food Stamps, etc.
2. A recent phone or cell phone bill *that shows your current mailing address*. If you do not have a phone, a recent utility bill *that shows your current mailing address*. The bill DOES NOT have to be in your name if you live with someone else at that address.
3. Identification (DL, State Issued ID, School ID, Social Security Card or Certified Birth Certificate).

The above items are required for verification by the State of Texas.

If you do not have the above items with you when you come in we will allow you 5 business days to get them to us. If the items are not received within 5 business days your Payment Plan Agreement may be canceled and a warrant for your arrest may be requested.

If you do not live in Angelina County you may mail or fax the application and required items to:

Angelina County Collections Dept.
P.O. Box 908
Lufkin, TX 75902
Or
Fax: 936-639-0725

ANGELINA COUNTY COLLECTIONS DEPARTMENT

APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN

Complete front and back of application, please print, blanks 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: _____ **Lot or Apt#** _____
(Direccion)

City: _____ **State:** _____ **Zip:** _____
(Ciudad) (Estado) (Codigo Postal)

Cell Phone: _____ **Home Phone:** _____
(Numero Cellular) (Numero de telefono)

Date of Birth: _____ **Driver's License or ID #** _____ **Social Security #** _____
(Fecha de nacimiento) (Numero de licencia de conducir) (Numero de seguro social)

Married **Single** **Divorced**
(Casado) (Soltero) (Divorciado)

Spouse's Name if married _____
(Nombre del cónyuge si está casado)

Two Relatives that DO NOT LIVE WITH YOU (Dos pariente mas cercano que no viva con ud)

Name: _____ **Relationship** _____
(Nombre) (Relacion)

Address: _____ **Phone #** _____
(Direccion) (Numero de telefono)

Name: _____ **Relationship** _____
(Nombre) (Relacion)

Address: _____ **Phone #** _____
(Direccion) (Numero de telefono)

Employment Information:

(Informacion de Empleo)

Employed _____ Unemployed _____ How Long _____
(Empleado) (Sin empleo) (Por Cuanto Tiempo)

Employer/Company Name: _____ Address: _____
(Empleador/Nombre de compania) (Direccion)

Employer Phone # _____ Hourly Wage \$ _____ Take Home Pay \$ _____
(Teléfono del empleador) (Salario por hora) (Toma el pago en casa)

Circle One: Weekly Bi-Weekly Monthly
(Circula la opcion adecuada: Seminal/ Bi-Seminal/Mensualmente)

Spouse Employment if Married:

(Empleo del cónyuge si está casado)

Employed _____ Unemployed _____ How Long _____
(Empleado) (Sin empleo) (Por cuanto tiempo)

Employer/Company Name: _____ Address: _____
(Empleador/Nombre de compania) (Direccion)

Employer Phone # _____ Hourly Wage \$ _____ Take Home Pay \$ _____
(Teléfono del empleador) (Salario por hora) (Toma el pago en casa)

Circle One: Weekly Bi-Weekly Monthly
(Circula la opcion adecuada: Seminal/ Bi-Seminal/Mensualmente)

Are you required by law to attend school under Texas Education Code 25.085? Yes _____ No _____
¿Está obligado por ley a asistir a la escuela bajo el Código de Educación de Texas 25.085?

Please check any other source of income or benefit that you or your dependants receive and the amount.

(Por favor, compruebe cualquier otra fuente de ingresos o beneficios que usted o sus dependientes reciben y la cantidad.)

___ Welfare \$ _____ ___ Social Security \$ _____ ___ Unemployment \$ _____
(Asistencia social) (Seguro social) (Prestacion por desempleo)

___ Child Support \$ _____ ___ Disability \$ _____ ___ Food Stamps \$ _____
(Pension alimentartia) (Beneficios por discapacidad) (Cupones de alimentos)

Do you or your dependants receive any of these benefits? Please check any received.

(¿Usted o sus dependientes reciben cualquiera de estos beneficios? Compruebe por favor cualesquiera recibido.)

___ WIC ___ Medicaid ___ CHIP

Banking Information:

Bank Name: _____
(Nombre bancario)

Balance \$ _____
(balanza)

Bank Name: _____
(Nombre bancario)

Balance \$ _____
(balanza)

List all of your creditors (loans, credit cards, finance companies, rent to own, auto payment, mortgage)

Company (Nombre de compañía)	Payment Amount (La Cantidad del pago) Circle One (Un circulo) week/month	Balance Owed (Balanza de pagos)
_____	\$ _____ week/month	\$ _____
_____	\$ _____ week/month	\$ _____
_____	\$ _____ week/month	\$ _____
_____	\$ _____ week/month	\$ _____
_____	\$ _____ week/month	\$ _____

Monthly Expenses Paid: (Los gastos mensuales que paga)

Rent (Alquiler) \$ _____ Electric (Electrico) \$ _____ Gas \$ _____ Water (Agua) \$ _____

Phone (Telefono) \$ _____ Food (Alimento) \$ _____ Cable/Satellite TV \$ _____

Child Care (Guarderia) \$ _____ Child Support (Pension alimentaria) \$ _____ Insurance (Seguro) \$ _____

Other Expenses (Otro) \$ _____ Explain (Explique) _____

___ Own your home
(Dueno de propiedad)

___ Rent
(Esta alquilando)

___ Live with parents/family
(Vive con sus padres/familia)

___ Other: Explain _____
(Orto justificar)

Name of landlord if renting _____
(Nombre del propietario si alquila)

Address _____
(Direccion)

Phone Number _____
(Numero de teléfono)

ACKNOWLEDGEMENT & DECLARATION

Under penalty of perjury, I hereby certify the information I have supplied is a complete and accurate statement of my current financial condition. I authorize the Collections Dept. 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 an extension of time to pay the fine and court cost now due and payable to Angelina County.

RECONOCIMIENTO y DECLARACIÓN

Bajo pena de perjurio, certifico que la información que he proporcionado es una declaración completa y exacta de mi situación financiera actual. Autorizo al Departamento de Colecciones del Condado de Angelina, sus empleados o agentes a llevar a cabo una investigación completa y completa de mi declaración. Entiendo que esta investigación podría incluir verificaciones directas de toda la información dada y la obtención de informes de agencias de informes de crédito. Es con la comprensión y el reconocimiento que solicito formalmente una extensión del tiempo para pagar la multa y el costo de la corte ahora debido y pagadero al Condado de Angelina.

Applicant's Signature / Firma del aplicante

Date/Fecha

OFFICIAL USE ONLY

Interviewed by : _____

Date: _____

Comments:

