BURNET COUNTY COLLECTIONS & COMPLIANCE DIVISION APPLICATION FOR EXTENSION OF TIME FOR PAYMENT OF FINES, FEES & COURT COSTS

				Cause #	
PERSONAL: NAME:					
Last ADDRESS	First		Middle	Nickna	ime
	Street	Ap	ot. City	State	Zip
POI	Box or Street	Apt.	City		-
Page Soy	If no phone, number where you can be reached Ht Wt Color Eyes Color Hair				
Date of Birth					(al completed)
Married Single If Married, Spouse's name					er completed)
n Married, Spouse s name_	Last	First		iddle	
Spouse's address & Phone					
I I I I I I I I I I I I I I I I I I I			City,State,Zip	Area co	ode, Phone #
Nearest Living Relative No Address & Phone #	t residing with you_				
Street		City,State,Z	ip	Area code, Pl	hone #
List of Names , Addresses,	& Phone Numbers			,	
Name	Address		City ,State,Zip	Phone #	Years known
Name	Address		City,State,Zip	Phone #	Years known
ASSETS:					
Employer					
Name				Position	
Name Supervisor's Name	You				
Name Supervisor's Name Previous Employer	You	ir pay days	Take hom	ne pay	_WkMo
Name Supervisor's Name Previous Employer Name	You Address	ir pay days	Take hom	ne pay	
Name Supervisor's Name Previous Employer Name Spouse's Employer	You Address	r pay days City,S	Take hom State,Zip	he pay Area code & Ph	_WkMo one# From/To
Name Supervisor's Name Previous Employer Name Spouse's Employer	You Address Address	r pay days City,S City,S	Take hom State,Zip State,Zip	Area code & Pho Area code & Pho	_WkMo one# From/To one# From/To
Name Supervisor's Name Previous Employer Name Spouse's Employer Name Supervisor's name Please Check Any Other SoWelfare \$	You Address Address ources of Income Yo Month	r pay days City,S City,S PayDays ou Receive and Medicaid \$	Take hom State,Zip State,Zip Take home the Amount(s): Month	Area code & Ph Area code & Ph Area code & Ph Wk	_WkMo one# From/To one# From/To Mo Month
Name Supervisor's Name Previous Employer Name Spouse's Employer Name Supervisor's name Please Check Any Other So	You Address Address ources of Income Yo Month	r pay days City,S City,S PayDays ou Receive and Medicaid \$ Unemployment	Take hom State,Zip Take home the Amount(s): Month \$Month	Area code & Ph Area code & Ph Area code & Ph Wk	_WkMo one# From/To Mo Mo \$Mo.
Name Supervisor's Name Previous Employer Name Spouse's Employer Name Supervisor's name Please Check Any Other So Welfare \$ Soc.Sec. \$ Food Stamps \$ Bank Accts. Che Sav	You Address Address ources of Income Yo Month Month Month ecking at: ings at:	r pay days City,S PayDays ou Receive and Medicaid \$ Unemployment Other:	Take hom State,Zip Take home the Amount(s): Month \$Month	Area code & Pho Area code & Pho Area code & Pho Wk	_WkMo one# From/To one# From/To Mo Mo \$Mo. onth
Name Supervisor's Name Previous Employer Name Spouse's Employer Name Supervisor's name Please Check Any Other So Welfare \$ Soc.Sec. \$ Food Stamps \$ Bank Accts. Che Sav Automobiles	You Address Address ources of Income Yo Month Month Month ecking at: ings at:	r pay days City,S PayDays ou Receive and Medicaid \$ Unemployment Other:	Take hom State,Zip Take home the Amount(s): Month \$Month \$Balance \$ Balance \$	ne pay Area code & Pho Area code & Pho Wk Wk Disability & \$Mo	_WkMo one# From/To one# From/To Mo Mo \$Mo. onth

OBLIGATIONS:			
Other than yourself, how many p	eople do you support direc	tly?	_
Monthly Expenses:			
Rent/Mortgage \$	Utilities \$	Phone \$	Food\$
Child Support \$	_ Child Care \$	Alimony \$	Other\$
Please check one regarding your	residence:		
Own your home RentLandlord			
Name Live with parents OtherPlease explain	Street address	City,State,Zip	Area code & Phone #

ACKNOWLEDGEMENT 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 County Collections and Compliance Division of Burnet County, its 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 this understanding and knowledge that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Burnet.

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Defendant's signature