Burnet County Justice of the Peace Precinct 1 Application for Extension of time for payment of fines, fees & court cost.

Check one:			Cause #			
□ 1. I hereby enter	1. I hereby enter a plea of Guilty and waive appearance for trial.					
☐ 2. I hereby enter trial.	a plea of NOLO CONT	ΓENDERE (No Co	ontest) and waive appearance f	or		
NAME:						
ADDRESS:				_		
MAILING ADDRESS:						
PHONE #: CELL:		НОМЕ	E:			
If no phone, numbe	r where you can be re	eached:				
EMAIL ADDRESS:						
Date of Birth:	Driver License:	Socia	al Security #:			
Married:	Single:	_ Separated:	Divorced:			
Employer:			_ Paymonthly			
Spouse's Employer:	- <u></u>		Pay: monthly			
Please check any otl	her sources of Income	e you receive and	d the amount(s) per month:			
Welfare \$	_ Medicaid \$	_Retirement \$_	Soc. Sec. \$			
Unemployment \$	Disability \$_		Food Stamps:\$			
Oth						

OBLIGATIONS:		
Other than yourself, how many people d	lo you support	directly that are <u>under the age of 18</u> ?
Monthly Expenses:		
Rent/Mortgage \$	Insurance	\$
Utilities \$	Cars	\$
Phones \$	Alimony	\$
Food \$	Child Care	\$
Child Support\$	Other	\$
Please check one regarding your residen Own your home Rent: Landlord Live with parents Other: Please Explain	Phone #	
A \$15.00 time payment fee will be added	d for any case n	ot paid in full within 30 days.
ACKNOWLEDGEMENT AND DECLARATIO	N:	
Under penalty of perjury I hereby certify statement of my current financial condit		as being a complete and accurate
X		

DATE

Defendant's signature