



FORNEY MUNICIPAL COURT OF RECORD NO. 1

331 S. FM 548 * P. O. Box 826 * Forney, Texas 75126

Phone: 972-564-7311 Fax: 972-564-7321

e-mail: court@cityofforney.org pay online at: cityofforney.org

APPLICATION FOR PAYMENT PLAN

IT IS A STATE JAIL FELONY TO MAKE A FALSE STATEMENT ON THIS DOCUMENT

*****for persons at least age of 17 years of age at time of offense / not eligible if a Minor for Alcohol or Tobacco****

NAME	DATE	CITATION NO.	
ADDRESS	CITY	STATE	ZIP
PHONE / CELL NUMBER	E-MAIL ADDRESS		

You must meet the following in order to get a payment plan;

- Must be at least age 17 at time of offense.
 - *Not eligible if under 17 yoa at time of offense.*
- Must have a valid driver's license or ID.
 - *If you have no ID you must make a personal appearance before the judge.*
- Must make a down payment of not less than \$50.00 per violation.
 - *Check or money order payable to City of Forney.*
- You must complete the attached time payment application.
 - *Incomplete applications will not be accepted.*
- You must enter a plea of Guilty or No Contest.
 - *Plea form attached; you may enter only 1 plea.*

**** I understand that I shall pay an additional \$25.00 as required pursuant to Sec. 51.921, Government Code on the 31st day of the start of my payment plan.**

**** Please enclose a copy of your Driver's License or Government issued ID, money order payable to CITY OF FORNEY in the amount of \$50 (or more) PER VIOLATION, your plea of guilty or no contest, the completed time payment application and mail along with this form to FORNEY MUNICIPAL COURT OF RECORD NO. 1 - PO Box 826 - Forney Texas 75126.**

****By signing this form in the space provided below I hereby swear and affirm that the information in this form and the answers I have made are true and correct to the best of my knowledge.**

****By signing below, I request that the Court grant my request for Deferred Disposition for the citation listed above.**

****I also understand that I am required to notify the court of any changes in my address or phone number.**

_____ Signed this _____ day of _____, 20____
Defendant signature

CITATION NO. _____

STATE OF TEXAS
Vs

IN THE MUNICIPAL COURT OF RECORD NO. 1
CITY OF FORNEY
KAUFMAN COUNTY, TEXAS

(Print your name here)

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Plea Form

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- **Plea of Nolo Contendre / Declaracion De Nolo Contendre**

I, the undersigned, do hereby enter my appearance on the complaint of the offense, listed on my citation charged in the municipal court. I waive my right of my right to a jury trial and that my signature to this plea of No Contest will have the same force and effect as a judgment of the Court. I do hereby plead Nolo contendere to the offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs as assessed. I acknowledge that I have not requested any discovery pursuant to Article 39.14 C.C.P. I understand that my plea may result in a conviction appearing on either a criminal or driver's license record. A conviction of an offense under a traffic law of this state or a political subdivision of this state may result in the assessment on my driver's license of a surcharge under the Driver Responsibility Program. * **I also understand that it is my responsibility to notify the court if my address or phone number changes.**

Yo, la persona que suscribe, comparezco con motivo de la ofensa Disorderly Conduct-Abusive Language, imputada en el Tribunal municipal como causa número WARNING y declaro: Reconozco que se me ha explicado que tengo el derecho a procesar mi caso ante un jurado y que firmar esta declaración de nolo contendere (que significa "no me opongo o protesto" a los cargos), a la orden dictada por el Juez, dicha declaración equivaldrá a una declaración de culpabilidad. No obstante esto, presento mi declaración de nolo contendere ante el delito imputado, formalmente renuncio mi derecho a un juicio ante un jurado y me comprometo a pagar la multa y los costos que imponga el Juez. Entiendo que el pago de la fianza y los costos constituye satisfacción con el fallo y denegación al derecho de apelación. Yo entiendo que mi petición resultará en que aparezca una condena en mi historial criminal o historial de licencia de conducir.

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- **Plea of Guilty / Declaracion De Culpabilidad**

I, the undersigned, do hereby enter my appearance on the complaint of the offense, listed on my citation charged in the municipal court. I waive my right of my right to a jury trial and that my signature to this plea of guilty will have the same force and effect as a judgment of the Court. I do hereby plead Guilty to the offense as charged, waive my right to a jury trial or hearing by the Court, and agree to pay the fine and costs as assessed. I acknowledge that I have not requested any discovery pursuant to Article 39.14 C.C.P. I understand that my plea may result in a conviction appearing on either a criminal or driver's license record. A conviction of an offense under a traffic law of this state or a political subdivision of this state may result in the assessment on my driver's license of a surcharge under the Driver Responsibility Program. * **I also understand that it is my responsibility to notify the court if my address or phone number changes.**

*Yo, la persona que suscribe, comparezco con motivo de la ofensa, Disorderly Conduct-Abusive Language, imputada en el Tribunal municipal como causa número WARNING, y declaro: Reconozco que se me ha explicado que tengo el derecho a procesar mi caso ante un jurado. No obstante esto, presento mi **declaración de culpable** ante el delito imputado, formalmente renuncio mi derecho a un juicio ante un jurado o ante el Juez, y me comprometo a pagar la multa y los costos que imponga el Juez. Entiendo que el pago de la fianza y los costos constituye satisfacción con el fallo y denegación al derecho de apelación. Yo entiendo que mi declaración puede resultar en una condena en mi historial criminal o historial de licencia de conducir.*

SIGNATURE _____ DATE _____

MAILING ADDRESS _____

PHONE _____ E-MAIL- _____

FORNEY MUNICIPAL COURT OF RECORD NO. 1
331 S FM 548 – Forney, TX 75126 (P) 972-564-7311 (F) 972-564-7321

CITATION NUMBER _____

COMPLETE ALL SECTIONS AND BOTH SIDES OF THIS APPLICATION

APPLICATION FOR PAYMENT EXTENSION OF FINE AND COURT COSTS (SOLICITUD DE VENTANA PARA LA EXTENSIÓN DEL PAGO DE MULTA Y GASTOS DE TRIBUNAL) *(Please complete all information and please print legibly). (Phone numbers are verified.)*

NAME _____			
Last (Apellido)	First (Primer Nombre)	Middle (Segundo Nombre)	E-mail
Date of Birth _____ (Fecha de Nacimiento)		Drivers Lic. or ID No. _____ (Numero de Licencia O de ID)	State _____ (Estado)
Address _____			
Street Number/Name / PO Box Apt./Lot _____ (Calle) (No. de Apartamento)		City _____ (Ciudad)	State _____ (Estado)
		Zip _____ (Codigo Postal)	
Phone _____ (Telefono de su Casa) (Numero Cellular)		E-Mail _____	<input type="checkbox"/> Verified

Place of Employment _____ (Direccion De Trabajo) (Direccion de Empleo)	Work Phone _____ (Telefono de Trabajo)
I get paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
If no phone, number where you can be Reached and Whom _____ (Si ningun telefono, numero donde po dremos comunicarnos con usted y con quien hablar)	

List of names, & phone numbers of two references (Lista de nombres, las direcciones, y numeros de telefono de los referencias personales que no sean familiares de usted)
Name (Nombre) Phone Number (telefono) Relationship (relacion)
Name (Nombre) Phone Number (telefono) Relationship (relacion)

Do you receive any of the following? <input type="checkbox"/> No <input type="checkbox"/> Yes (if so, mark below)
<input type="checkbox"/> - SSI benefits? (Deshabilidad) \$ _____ <input type="checkbox"/> - Unemployment (Desempleao) \$ _____
<input type="checkbox"/> - Welfare ? (Asistencia de Social) \$ _____ <input type="checkbox"/> - Social Security Disability (Retiro de Seguridad Social) \$ _____

I would like my payments to be \$ _____
I would like to make my payments <input type="checkbox"/> - Weekly <input type="checkbox"/> - Bi-weekly <input type="checkbox"/> - Semi-monthly <input type="checkbox"/> - Monthly

ACKNOWLEDGEMENT AND DECLARATION
By my signature below the information above is true and correct to the best of my knowledge.
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 Forney Municipal Court, 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 this understanding and acknowledgment that I formally request an extensión of time to pay fine and courts costs now due and payable to City of Forney.
(RECONOCIMIENTO Y DECLARACION) (Con Mi Firma Abajo Declaro Que Esta Informacion Es Verdad Y Es Correcto Con El Mejor De Mi Cono Cimiento.) (Bajo pena del perjurio, yo por la presente certifico que la información que he suministrado es completa y exacta de mi condición financiera actual. Autorizo el Departamento de Colecciones de la Corte Municipal de Forney, sus empleados o los agentes a realizar una investigación completa de mi declaración. Entiendo que esta investigación puede incluir comprobaciones de toda información y obtener de informes de agencias de cobertura de crédito. Está con esta comprensión y el reconocimiento que solicita formalmente que un extensión de tiempo de pagar multa fastos tribunales y los tribunales ahora debido y pagadero al la Ciudad de Forney.)
Defendant's Signature (Firma de acusado) _____ Date _____

PLEASE READ

Admonishment as to Financial Changes

ALL DEFENDANTS unable to pay the **ENTIRE FINE AND COURT COSTS WHEN SENTENCED** are **REQUIRED** to **CAREFULLY READ** and **ACKNOWLEDGE** the following:

I, the undersigned, acknowledge that until my fines and courts costs are paid in full, I agree to notify the Court of any changes in my personal financial situation that will likely interfere with my ability to pay the fine and court costs in the manner ordered by the Judge.

It is my responsibility to keep the Court informed of my ability to pay the fine and court costs. It is my responsibility to keep the Court informed in the event of financial hardship.

Depending on the situation, I understand that the Judge may be able to offer me other ways to pay or earn credit towards my fine and court costs. For the Judge to consider such circumstances, and to avoid the possibility of being arrested, I am required to provide timely and sufficient proof to the Court.

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TODOS los DEFENDIENTES sin capacidad de pagar **LA MULTA COMPLETA Y LOS COSTOS** de **CORTE** despues de la sentencia, **NECESITARAN LEER** completamente y **RECONOCER** lo siguiente:

Yo, el infrascrito, reconozco que hasta que mis multas y el costo de corte son completamente pagados yo estoy de acuerdo en notificar a este juzgado de cualquier cambio en mi situacion financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el Juez.

Es mi responsabilidad de informar a este juzgado de mi capacidad de pagar la multa y los costos de la corte. Es mi responsabilidad de informar a este juzgado en caso de dificultades economicas.

Dependiendo en la situacion, yo comprendo que el juez podra ofrecerme otras maneras de recibir or ganar credito hacia la multa y los costos de corte. Para que el juez considere la circunstancia, y para evitar la posibilidad de ser detenido, yo necesito proveer suficientes y oportunas pruebas a este juzgado.

Défendant Signature **Date**

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**DO NOT WRITE BELOW THIS SECTION
FOR OFFICE USE ONLY**

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Received & verified by:

(Stamp received here)

PAID DOWN \$ _____ -TODAY - ON OR BY: _____
AGREED TO PAY \$ _____ -WEEKLY -BI-WEEKLY -SEMI-MONTHLY
-MONTHLY TO START _____

TIME PAY FEE TO APPLY ON _____

Defendant's file updated (if needed)