Request for Hearing on Ability to Pay

Defendant Name:						
Docket	Number(s):					
To the I	Honorable Court,					
my case	I am requesting a hearing to have information on my ability to pay the fine and costs owed on e(s) reviewed by the Judge.					
	I am not currently able to make payment(s) under my existing Payment Plan because:					
hardshi	I believe I would be able to discharge the fine and costs owed on my case(s) without any ips by:					
	I can remit a lower payment amount of $\$ on a \square weekly, \square biweekly, \square monthly basis					
	I can complete Community Service at the rate of \$100 credit for every 8 hours of service performed					
	I have no financial means to pay the amount I owe. I also am not able to complete community service without undue hardship. Therefore, I am requesting a waiver of the fine and costs I owe.					
	I can do a combination of lower payments and community service as follows:					
	-					
Signed	,					
	Defendant Date					

BRAZORIA COUNTY JUSTICE COURT COLLECTIONS IMPROVEMENT PROGRAM PAYMENT ABILITY INFORMATION & PAYMENT PLAN APPLICATION

Section I:	Name:				•	
Contact &	First			(Circle One) Home/Cell Phone	Primary Phone	
Personal Information	Addross:			(**************************************	, , , , , , , , , , , , , , , , , , , ,	
mormacion	Stree	et	Apt/Lot #	City, State, Zip	Date of Birth	
'	Email Address		• -		Date of Ditti	
	Eman Address	•		····		
			Marital Status:	 		
	Driver's License	Number		(married/single/divorced/widowe	ed) # of Dependents	
	<u>Personal Contacts</u>					
	(1)Name:					
		First	Last	Contact Phone Number	Relationship to Contact	
	Address:					
i I	St	reet	Apt/Lot #	City, State, Zip	Email Address	
	(2) Name:					
		First	Last	Contact Phone Number	Relationship to Contact	
	1	treet		City, State, Zip	Email Address	
Section II:	Name of Emp	lover:	_			
Employment,						
Schooling & Household			<u> </u>			
Income	Stre	et		City, State, Zip		
	Work Phone:			Length of Employment:		
	Suponicar Na				e One) Years/Months/Weeks	
	Take Home Pa	av S		_ Supervisor Phone: (Check One) Weekly	Riwonkh Monthly	
					•	
	Are you a student? (Cricle One) Yes / No If yes, name of school:					
	(Circle One) High School / College Spouse's Information					
	Stre			City, State, Zip		
	Work Phone:			Length of Employment:		
	Supervisor Na	ame.		Supervisor Phone:	e One) Years/Months/Weeks	
	Take Home P	av \$		(Check One) Weekly	Biweekly Monthly	
		,		(*********************************		
	Other Sources of Household Income					
	Include information pertaining to spouse. Please indicate monthly amount					
	Food Stamps	\$	Social Securit	y \$ Retirement \$_		
	Unemployme	.nt \$	Disability \$	Other \$		
	Do you or a dependent receive (Circle Responses): Medicaid: Yes / No WIC: Yes / No CHIP: Yes / No					
	If you have another source that will assist you in making payments (parent, partner, etc.) please explain:					
				····		

Section III:	Bank Name:	Checking Balance \$	•				
Personal		Savings Balance \$					
Assets							
	Bank Name:	Checking Balance \$ Savings Balance \$					
	and a first same of institution, type of account	-					
	Other (Please indicate name of institution, type of account	and balance,.					
		· .					
	2 /0' 1 One) Ves / No						
	Do you own your home? (Circle One) Yes / No						
Section IV:	*Please indicate amounts based on monthly increments*						
Debts & Apartment or Landlord Name: Rent \$							
Expenses	Apartment or Landlord Name: Rent \$ Mortgage Lien Holder: Mortgage Payment \$						
	Child Support \$ Alimony \$ Au	to Insurance \$	Food \$				
	Phone/Cell Phone: \$ Auto Payment \$	Childcare \$					
	Phone/Cell Phone: \$ Auto Payment \$ Water Bill \$ Gas Bill \$ Gas Bill \$ Cas Bill \$ C	Other \$					
	Other Debts						
	Debt Holder:		Payment \$				
	Loan Company/Credit Card/Bank/Person Nam	e	Daymont ¢				
	Debt Holder:		Payment \$				
	Loan Company/Credit Card/Bank/Person Nam	e Balance Ś	Payment \$				
	Debt Holder:	e					
			Payment \$				
	Debt Holder:	e .	.				
	Debt Holder:	Balance \$	Payment \$				
	Loan Company/Credit Card/Bank/Person Nam	ne					
Acknowledgm	ent and Declaration: Under penalty of perjury I hereby certify the	e foregoing is a complete	and accurate statement of				
my current fin	ancial condition. I authorize the collection specialist, court staff a	nd local collection improv	ement staff of the Brazoria				
County Justice	of the Peace to conduct a thorough investigation of my statemer	ts. I understand this cou	ld include a verification of				
all information	n given, contacting persons identified in the foregoing and obtaini	ng reports from credit rep	orting agencies. It is with				
this understan	nding and acknowledgment that I formally request and extension of	of time for payment of fin	es and court costs no due				
and payable t	o Brazoria County. I also acknowledge that I will be responsible fo	r a time payment fee of \$	25.00 if my fine and court				
costs are not	paid in full by the 30 th day after judgment is rendered in my case.						
Δ	applicant/Defendant's Signature	Date					
	This Section for Local Collection Improvement Staff, Co	ollection Specialist & Co	ourt Staff				
-1 /G 5 G	•		ed to Judge:				
•	ost Assessment Date: ion Received:	Method: □Manua	- 1				
, ,		Reason: DEd. Code	•				
Date Contact	Info. Verified: (Must be within 5 days of court's receipt)	1	erty Level 🗆 Other				
Verified by (S	Staff Name):	· -					
	Method: 🗌 Written Evidence of Contact Information 🗎 Telephor		IDDIT OF DEFANCE				
Date of Inter	Date of Interview:(Note: Must be within 14 days of application receipt date)						
Interviewer I	Name: Interview	Method: ☐ In-Person	☐ By Phone				
Referred to J	udge with Staff Recommendations (May check more than one):						
☐ Customiz	ed Payment Plan 🔲 CS 🔲 Combo CS & Customized Pa	iyment Plan ☐ Full V	Vaiver/Indigent				
\square Reduction	of Fine						
Referred to 1	Judge with Notes for Consideration:						