



# Tom Green County

## COUNTY & JUSTICE COURT COMPLIANCE DEPARTMENT

MAILING ADDRESS: 113 W Beauregard Avenue, San Angelo, TX 76903  
Office (325) 659-6469 Fax (325) 659-3243

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### Payment Plan

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The Courts have ordered a monetary amount as part of your punishment for the crime committed.

#### **GENERAL PROCESSING:**

Within Two Business days you are required to set up payment plans. Payment of Court Cost, Fines and Fees is separate from Probation Payments. Bring all paperwork with you to Compliance Office.

#### **INTAKE FORM:**

You must complete this Intake Form. The information you provide is subject to verification.

#### **REFERENCE:**

List at least Two (2) references. A reference is called if you miss a payment, they should know how to get a hold of you. We call them to verify the phone number is correct. If you make your payments they will not be called again.

#### **INTERVIEW:**

You must be interviewed. During the interview, terms of your payment will be established based on the information you provide. Maximum terms usually do not exceed 90 days and guidelines are strict.

#### **PROCESSING TIME:**

Wait time may vary as we interview in order of receipt of the completed intake form, not in order of arrival.

#### **QUESTIONS:**

All of your questions about your payment plan will be answered before you leave. Ask anything! We are here to help you stay in compliance with the Judge's Orders.

#### **Motto:**

Help Us- Help YOU

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**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

Service provided by County Treasurer Dianna Spieker and the Court Compliance Staff.

# INTAKE FORM

(Office Use Only) Cause # \_\_\_\_\_

**ASSISTANCE:** Do you need assistance with this form or communication: Yes or No

If yes: Reason you need assistance: \_\_\_\_\_

## PAYMENT PLAN REQUEST.

1. Reason for not paying in full? \_\_\_\_\_
2. What payment plan are you requesting? \_\_\_\_\_
3. What are you paying today? \_\_\_\_\_

## DEFENDANT INFORMATION

Defendant's Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Last) (First) (Middle)

Name of Person you live with \_\_\_\_\_

Address You Receive Mail: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address You Live At: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

City Of Birth: \_\_\_\_\_ State/Country: \_\_\_\_\_ Gender (circle): Male or Female

Citizenship: \_\_\_\_\_ Alien Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

DL#: \_\_\_\_\_ DL State: \_\_\_\_\_ ID#: \_\_\_\_\_ ID State \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents \_\_\_\_\_

**CONTACTS:** List 2 references that will know your whereabouts at all times. (List contacts with different phone from you)

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

## **BANK ACCOUNTS:** (DO NOT PUT ACCOUNT #)

Bank Name \_\_\_\_\_ Checking: BALANCE: \_\_\_\_\_

Bank Name \_\_\_\_\_ Savings: BALANCE: \_\_\_\_\_

**EMPLOYMENT INFO: (If unemployed skip to UNEMPLOYMENT INFO)**

Employer: \_\_\_\_\_ Net Income \$ \_\_\_\_\_

Do you get paid Weekly: \_\_\_\_\_ Bi-weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Semi Monthly: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: ( ) \_\_\_\_\_ Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal/Temporary \_\_\_\_\_

Title of Current Position: \_\_\_\_\_

Date of hire/length of employment: \_\_\_\_\_

**UNEMPLOYMENT INFO:** Length of time unemployed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ How Often: WEEK/BI-WEEKLY/SEMI /MONTHLY/MONTHLY

**OTHER SOURCES OF INCOME YOU RECEIVE AND THE AMOUNT(S):**

TANF \$ \_\_\_\_\_ Monthly Retirement \$ \_\_\_\_\_ Monthly SSI# \$ \_\_\_\_\_ Monthly

Disability \$ \_\_\_\_\_ Monthly Child Support \$ \_\_\_\_\_ Monthly SNAP \$ \_\_\_\_\_ Monthly

WIC? YES OR NO Medicaid/CHIP? YES OR NO

**MONTHLY EXPENSES**

Rent/Mortgage \$ \_\_\_\_\_ Vehicle Payment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Total Utilities \$ \_\_\_\_\_ Vehicle Insurance \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_ Gas/Other \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

**OTHER OBLIGATIONS**

Creditor Name: \_\_\_\_\_ Payment amount: \_\_\_\_\_ /Month

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**ACKNOWLEDGEMENT AND DECLARATION**

**READ THIS BEFORE SIGNING**

Under penalty of perjury, I hereby certify the information given is a complete and accurate statement of my personal and financial condition. I authorize the County Collection's Office the Tom Green 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 acknowledgement that I formally request an extension of time payment of the fine and court costs now due payable to the County of Tom Green. And by signing below, I hereby certify that I have read and understand the conditions of this acknowledgement and declaration.

DEFENDANTS SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_