

**PERSONAL DATA INFORMATION  
PAYMENT PLAN APPLICATION**

Currently on Supervision:  Yes  No Previously on Supervision:  Yes  No Where: \_\_\_\_\_

LAST FIRST MIDDLE SUFFIX (SR, JR, II, III)

MAILING ADDRESS APT. CITY STATE ZIP CODE

PHYSICAL ADDRESS (if different) CITY STATE ZIP CODE

HOME PHONE CELL PHONE EMAIL ADDRESS

WHO WILL YOU BE LIVING WITH? NAME OF MINORS IN HOME

NAMES OF ANY VICTIM(S) OR CO-DEFENDANTS IN HOME

**PERSONAL REFERENCES: (list 3 references one of which that does not reside with you)**

1. \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

2. \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

3. \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

**EMPLOYMENT:**

FULL-TIME  PART-TIME  SEASONAL  STUDENT/RETIRED/DISABLED  UNEMPLOYED

EMPLOYER START/END DATE EMPLOYER PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

WAGES POSITION SUPERVISOR'S NAME IS YOUR EMPLOYER AWARE (Y OR N)

**PERSONAL INFORMATION:**

DATE OF BIRTH: _____ Month Day Year	RACE: <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	HS DIPLOMA: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	HIGHEST GRADE COMPLETED: (Including those with GED)
HAIR:	CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Mexico <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other: _____	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
EYES:	PLACE OF BIRTH: City _____ State _____ Country _____	# OF CHILDREN UNDER 18:
HEIGHT: _____ WEIGHT: _____	MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> None Type of Discharge: _____	LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

SOCIAL SECURITY NUMBER DL # & STATE DL EXPIRATION DATE

**AUTO:**

MAKE:	MODEL:	BODY STYLE:	COLOR:
YEAR:	LICENSE PLATE:	STATE:	

**SCARS/MARKS/TATTOOS:**

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**LIST ALL YOUR CREDITORS:** (Mortgage, Banks, Credit Cards, Finance Companies, Department Stores, etc.)

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Company Name	Balance Owed	Payment Amount (month)
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Company Name	Balance Owed	Payment Amount (month)
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Company Name	Balance Owed	Payment Amount (month)
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**LIST CURRENT BALANCES:**

Bank: \_\_\_\_\_ Checking Account Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Savings Account Balance: \_\_\_\_\_

Other: \_\_\_\_\_

**ACKNOWLEDGEMENT AND DECLARATION:**

Under penalty of perjury, I hereby certify that the foregoing as being a complete and accurate statement of my current financial condition. It is with this understanding and acknowledgement that I formally request an extension of time for payment of the fine/fee and court costs now due and payable to the Collin County District Clerks Office.

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Defendant Signature

Date

Office Use Only			Staff Initial	Date
<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (call/visual)		
<input type="checkbox"/> Ref #1	<input type="checkbox"/> Ref # 2			