

**COMAL COUNTY COURT AT LAW-COMPLIANCE AND COLLECTIONS UNIT
APPLICATION FOR PAYMENT OF COURT COSTS, FINE AND FEES**

CAUSE NO: _____ (FOR OFFICE USE ONLY)

ANSWER ALL QUESTIONS ***IF NOT APPLICABLE, PLACE "N/A"**

NAME: _____
(Nombre) Last (Apellido) First (Nombre) Middle (Segundo Nombre)

STREET ADDRESS: _____
(Direccion) Number (Numero) Street (Casse) Apt. City (Ciudad) State (Estado) Zip (Codigo Postal)

MAILING ADDRESS: _____
(Direccion De Envio) Number (Numero) Street (Casse) Apt. City (Ciudad) State (Estado) Zip (Codigo Postal)

PHONE () _____ If no phone, number where you can be reached () _____
(Telefono) (Segundo Telefono)

CELL PHONE: () _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
(Cellular) (Numero de Seguridad social)

SEX: _____ DATE OF BIRTH: _____ DRIVERS LICENSE: _____ - _____
(Sexo) (Fecha de Nacimiento) (numero de licencia para manejar)

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ EDUCATION LEVEL _____
(Soltero) (Casado) (Separado) (Divorciado) (Grado de Educacion)

FRIEND () _____
(Amigo) Phone No. (Telefono) Relationship (relacion) Name (Nombre)

FRIEND () _____
(Amigo) Phone No. (Telefono) Relationship (relacion) Name (Nombre)

ASSETS: If you are not working, state why. If you are in school, state which one

Employer: _____ () _____
(Empleador) Name (Nombre) Address (Direccion) Area Code (Area) Phone No. (Telefono) Position (Puesto) How Long (La Duration)

Salary: \$ _____ Hourly Wage \$ _____ Take Home Monthly Pay \$ _____
(Salario) (Salario por Hora) (Salario Mensual)

How often are you paid? _____ weekly _____ bi-weekly _____ monthly What day do you get paid? _____
(Con que frecuencia son usted pago) (semanalmente) (revista bisemanal) (mensualmente) (Que dia le hace es pagado)

PLEASE CHECK ANY OTHER SOURCE OF INCOME YOU RECEIVE: (Indique otro tipo de sueldo)

_____ Welfare _____ Social Security _____ Retirement _____ Unemployment _____ Child Support _____ Disability
(Asistencia de social) (Retiro) (Desempleo) (Sostenimiento de Niños) (Incapacidad)

Other than yourself, how many people do you support directly: _____ AGES: _____
(Cuantas Personas Mantiene Number Relationship (Edad)
(Numero) (Relacion)

CREDITORS (Mortgage Companies, Banks, Credit Cards, Finance Companies, Department Stores, etc.)
(de Creditos y Deudas)

_____ \$ _____ \$ _____
Company Name (Nombre de Compania) Balance owed (de pagos) Monthly payment (Pago Mensual)

_____ \$ _____ \$ _____
Company Name (Nombre de Compania) Balance owed (de pagos) Monthly payment (Pago Mensual)

Bank Accounts (Banco de la quinto):

Name of Bank _____ Checking Balance \$ _____ Savings Balance \$ _____
(Nombre de Banco) (Cuenta de Cheques) (Cuenta de Ahorros)

SUMMARY: (Sumario)

Monthly Income (Salario Mensual):

Current Salary/Income \$ _____ Child Support/Alimony \$ _____ Other Income \$ _____
(Salario) (Sostenimiento de Ninos/Pension) (Ortro Salario)

Spousal Income (Esposo/Esposa Salario) \$ _____

Monthly Expenses (Gastos Mensuales):

Child Support/Alimony \$ _____ Mortgage/Rent \$ _____ Utilities-Gas/Light/Water \$ _____
(Sostenimiento de Ninos/Pension) (Renta) (Servicio Publico)

Cable Television \$ _____ Telephone \$ _____ Pager/Cellular \$ _____ Gasoline \$ _____
(Cablevision) (Telefono) (Gasolina)

Vehicle Payment/Insurance \$ _____ Day Care \$ _____ Medical Expenses \$ _____
(Pago de Vehiculo/Aseguramiento) (Cuidado de dia) (Gastos de medicinal)

Groceries \$ _____ Creditors \$ _____
(Comestibles) (Acreedores)

ACKNOWLEDGEMENT AND DECLARATION (Reconocimiento Y Declaracion):

I authorize the compliance department to run a credit report to verify the accuracy of same. Under Penalty of perjury, I hereby certify that the foregoing is a true, 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 fines/fees and court costs now due and payable to Comal County.

Y doy permiso a al departamento para obtener un reporte de credito para verificacion del mismo. Bajo pena de perjurio, certifico que el precedido es una completa y exacta declaracion de mi actual condiclon financiero. Es con esta compresion y reconocimiento que solicito una extension de tiempo por el page de la multa y los cobres de corte debido al cuidad de Comal County.

Defendants Signature _____ Date ____/____/____

Printed Defendants Signature _____

FOR INTERNAL USE ONLY	
Home or Contact Phone Number Verified:	YES _____ NO _____
Employment or Source of Income Verified:	YES _____ NO _____
Interviewed By: _____	Verified By: _____

REMARKS: _____

