

**REQUEST FOR PAYMENT PLAN** (additional fee of \$15 will be added to each violation for payment plan per State)

Citation # \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

Phone number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

I understand that Payment Plans are approved at the sole discretion of the Judge. I understand that upon approval of this payment plan, my payments will be due according to the agreed payment terms. I also understand that if I should miss a payment, the payment can be in default and a Capias Pro Fine (Warrant) may be issued for my arrest.

Furthermore, I understand that an initial payment is required upon approval of Payment Plan Request.

**Schedule of Payments requested:**

\_\_\_ Weekly \$ \_\_\_\_\_ (payment amount)

\_\_\_ Bi-Weekly \$ \_\_\_\_\_ (payment amount)

\_\_\_ Monthly \$ \_\_\_\_\_ (payment amount)

\*I hereby enter my appearance, waive my right to a jury trial and enter a plea of No Contest. I swear that the statements made here are within my personal knowledge and are true and correct.

Defendant Signature: \_\_\_\_\_

You will receive an approved agreement signed by the Judge in the mail, if you do not receive within 30 days, please contact the court to followup.

\*\*\*\*\*If you have an existing warrant, please contact the court to make arrangements for the warrant to be lifted.\*\*\*\*\*

Gilmer Municipal Court

PO Box 760, Gilmer, TX 75644

903-843-2751

[Njackson81@etex.net](mailto:Njackson81@etex.net)

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_