City of Longview Municipal Court

Application and Financial Affidavit for Time Payment Plan

Please complete all information and please print legibly. **Do not leave any blanks**.

PERSONAL INFORMATION:

Name: _____
Last First Middle Nickname Race/Sex

Physical Address: _____
Street Apt. City State Zip

Mailing Address: _____
Street Apt. City State Zip

Contact Info: _____
Home Phone # Cell Phone # Email Address

Date of Birth: _____ **Driver's License or ID #/State:** _____ **Social Security #:** _____

Marital Status: _____ **# of Dependents Living with You:** _____

Spouse's Name
Or Other: _____
Last First Middle Nickname

Nearest Living Relative: _____
(Not Residing With You) Name Relationship Phone #

List of Names, Addresses & Phone Numbers of Two (2) Personal References **NOT** Related to You:

_____
Name Street Address Apt. City & State Zip Phone # Years Known

_____
Name Street Address Apt. City & State Zip Phone # Years Known

EMPLOYMENT INFORMATION:

Employer: _____
Company Name Address Phone #

_____
Supervisor Position Years of Service

Hourly Wage: $_____ **Take Home Pay:** $_____ Circle one: weekly/bi-weekly/monthly **Next Pay Day:** _____

Spouse's Employer: _____
Company Name Address Phone #

_____
Supervisor Position Years of Service

Hourly Wage: $_____ **Take Home Pay:** $_____ Circle one: weekly/bi-weekly/monthly **Next Pay Day:** _____

Are you a student? Yes ___ No ___ If yes, Name of School _____

A State mandated time payment fee of $25.00 will be added to EACH case that is not paid in full by the 30th day from the date of the plea/conviction. This is a one time fee that will be added on the 31st day.

Under penalty of perjury, I hereby certify the above is a complete and accurate statement of my current employment, address, and financial condition. I authorize the Municipal Court of the City of Longview, its employees or agents, to conduct an investigation of my statement.

Defendant's Signature _____ Date _____