

**** NOTE: A PLEA form MUST be submitted prior to completing a Payment Plan Application**

**ROCKDALE MUNICIPAL COURT
PAYMENT PLAN APPLICATION**

INSTRUCTIONS: PLEASE FILL OUT THIS APPLICATION WHILE WAITING FOR YOUR NUMBER OR NAME TO BE CALLED. PLEASE PRINT, EXCEPT WHERE A SIGNATURE IS REQUIRED. PROVIDE ALL THE INFORMATION REQUESTED. PROVIDING FALSE INFORMATION TO THE COURT IS A CRIMINAL OFFENSE.

FULL LEGAL NAME _____

OTHER NAMES I HAVE USED _____

DRIVER'S LICENSE OR ID # _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

CURRENT ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

TIME AT CURRENT RESIDENCE _____ yrs. _____ mths. DO YOU RENT OR OWN? _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____

CELL# _____

ARE YOU CURRENTLY EMPLOYED? _____ WHAT IS YOUR OCCUPATION? _____

EMPLOYER _____ EMPLOYER'S ADDRESS _____

EMPLOYER TELEPHONE # _____ SUPERVISOR'S NAME _____

TIME WITH CURRENT EMPLOYER _____ yrs. _____ mths.

SPOUSE'S NAME _____ SPOUSE'S WORK TELEPHONE # _____

NAME OF NEAREST RELATIVE (OTHER THAN SPOUSE) _____

ADDRESS OF NEAREST RELATIVE (OTHER THAN SPOUSE) _____

TELEPHONE # OF NEAREST RELATIVE (OTHER THAN SPOUSE) _____

YOUR MONTHLY INCOME FROM ALL SOURCES \$ _____

I SWEAR OR AFFIRM THAT THE INFORMATION AND FACTS I HAVE PROVIDED TO THE COURT ON THIS MOTION ARE WITHIN MY PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I INTENTIONALLY OR KNOWINGLY GIVE FALSE INFORMATION EITHER IN THIS AFFIDAVIT OR DURING THE HEARING ON THIS MOTION, I MAY BE PROSECUTED FOR THE OFFENSE OF AGGRAVATED PERJURY, A FELONY PUNISHABLE BY IMPRISONMENT NOT TO EXCEED TEN (10) YEARS AND A FINE NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5000).

CUSTOMER'S SIGNATURE _____ DATE _____

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FOR COURT USE ONLY: SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ AD 20 _____ COURT CLERK _____
