



COMPLETE ENTIRELY, PLEASE PUT "NA"
(NOT APPLICABLE) IN BLANK SPACES

STATE OF TEXAS
VS.

Contact Form-Defendant's Request for
Extension of Time to Pay

IN THE MUNICIPAL COURT
CITY OF AMARILLO, TEXAS

WARNING: Submitting false or incomplete information on this form is a crime (Tampering with Governmental Record, Penal Code 37.10). This offense is a state jail felony.

APPLICATION FOR TIME PAYMENT (Please Print Legibly)

Date of Birth: _____ Name: _____ Aliases/AKAs _____

Telephone Number: _____ Cell Phone Number: _____

Address: _____ Apt: _____ City: _____ State _____ Zip Code: _____

Email Address: _____

Employer: _____ Employer's Telephone Number: _____

Personal Reference: _____ Phone Number: _____

Personal Reference: _____ Phone Number: _____

____ I **understand** that if there is any balance remaining at the end of 30 days, a one time fee of \$15 will be added to each outstanding citation on the 31st day (Article 102.030, Code of Criminal Procedure). I understand if I am unable to pay my balance as ordered, I must appear before the Judge to request an extension. It is my obligation to request an extension if I cannot pay as ordered. *By signing below I am stating that: "I have been found guilty or I am pleading guilty or no contest."*

Date: _____ Defendant's Signature: _____