

MUST BE FILLED OUT COMPLETELY

Last Name _____ First Name _____ Initial _____

Telephone #s (home, cell, work) _____

Mailing Address _____

Email _____ DOB _____

YOU MUST NOTIFY THE COURT OF ANY ADDRESS CHANGE

Marital Status Single _____ Married _____ Children/Ages _____

Your Employer Name _____ Hours per week _____

Employer Mailing Address _____

Employer Phone Number (s) _____ **Monthly Income \$** _____

Provide information below for additional employers, Spouse's employer, and/or additional income sources

\$ _____

TOTAL INCOME FROM OUTLINED BOXES ABOVE \$ _____

Monthly Expenses (amount **per month**)

Rent	\$ _____	Cell Phone	\$ _____	Food	\$ _____
House Pymt	\$ _____	Other Phone	\$ _____	Child Support	\$ _____
Car Payment	\$ _____	Insurance Other	\$ _____	Cable	\$ _____
Car Insurance	\$ _____	Fuel/Trans.	\$ _____	Utilities	\$ _____

TOTAL EXPENSES FROM SHADED BOXES ABOVE \$ _____

I understand that failure to comply with this installment payment order will result in an **automatic cancellation of my payment plan** and will result in collection activity.

I SWEAR OR AFFIRM THAT THE FOREGOING IS TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Date: _____

Defendant's Signature

PLEASE EMAIL YOUR COMPLETED FORM TO collections@54bdistrictcourt.com

ORDER

IT IS HEREBY ORDERED that the Defendant:

_____ Pay \$ _____ today. _____ Pay balance of \$ _____ by _____.

_____ shall make installment payments in the amount of \$ _____ monthly weekly bi-weekly
beginning _____ until paid in full.

 X **IT IS FURTHER ORDERED that failure to abide by this Order automatically revokes it and enforcement action will be taken.**

Date: _____

Judge

Certificate of Service: I certify that a copy of this Order was ___ Personally Served ___ Mailed ___ Emailed to the defendant.

_____ _____
Date Signature