



CITY OF NAVASOTA MUNICIPAL COURT

200 E. McAlpine St. / P.O. Box 910, Navasota, TX 77868

Phone: 936-825-6268 Fax: 936-825-7280

www.NavasotaTX.gov.

NOTE THAT THIS REQUEST MUST BE RECEIVED OR POSTMARKED ON OR BEFORE YOUR APPEARANCE DATE. WARNING: IT IS A CRIME TO INTENTIONALLY FILE A FRAUDULENT COURT DOCUMENT OR INSTRUMENT.

APPLICATION FOR AN EXTENSION

CAUSE # _____

CITATION # _____

OFFENSE(S): _____

State of Texas vs. _____
(PRINT FULL NAME) (DOB)

ADDRESS: _____
(MAILING ADDRESS) (INCLUDE APT #) (CITY) (STATE) (ZIP CODE)

PHONE: _____
(HOME) (CELL) (EMAIL)

TEXAS DRIVER'S LICENSE # _____

I hereby enter appearance on the above named offense(s);

I understand that I have the right to a jury trial. I hereby waive my right to a jury trial, and enter a plea of **NO CONTEST** or **GUILTY** (**circle one**), and request an extension.

I understand that a conviction may appear on my criminal history or driving record.

I understand that I am responsible for satisfying the judgment and sentence in the total amount of \$_____ in the above referenced Cause Numbers. I state that I am financially unable to pay the full amount at one time and have insufficient resources or income to pay my fines today. As such, I request that the Court grant me an extension to pay all fines and fees assessed. **I have fully and accurately completed and have attached a [Navasota Municipal Court Financial Statement](#).**

I understand that by requesting an extension, in addition to fines and fees assessed, I will also have to pay a processing fee of \$25 per case as required by State Law. I further understand that if the offense was committed September 1, 1999, or after, the \$25 fee is collectable only if the entire amount of the fine is not paid by the 30th day after the fine is assessed. I also understand that if I fail or refuse to pay my fine, a warrant will be issued for my arrest which may add additional fees to my case; that there will be a denial of the renewal of my driver's license and vehicle registration and additional costs of \$30 per case; and referral to a collections vendor will result in an additional collection fee of 30% of total fine.

I understand that I must mail or bring to the Court the following items:

1. Photocopy of my valid Texas Driver's License or ID Card;
2. Admonishment as to financial changes;
3. Navasota Municipal Court Financial Statement; and
4. Completed and signed application.

I, the Defendant, do hereby swear or affirm that the statements above are true.

Defendant's Signature

Today's Date

PLEASE NOTE: Request for an extensions can only be granted by the Judge of this court. The court will only grant extensions in 30 day increments.

CAUSE NUMBER(S): _____

STATE OF TEXAS

§

IN THE MUNICIPAL COURT

VS.

§

CITY OF NAVASOTA

§

GRIMES COUNTY, TEXAS

ALL DEFENDANTS unable to pay the **ENTIRE FINE AND COURT COSTS WHEN SENTENCED** are **REQUIRED** to **CAREFULLY READ** and **ACKNOWLEDGE** the following:

TODOS los **DEFENDIENTES** sin capacidad de pagar **LA MULTA COMPLETA Y LOS COSTOS** de **CORTE** despues de la sentencia, **NECESITARAN LEER** completamente y **RECONOCER** lo siguiente:

I, the undersigned, acknowledge that until my fines and courts costs are paid in full, I agree to notify the Court of any changes in my personal financial situation that will likely interfere with my ability to pay the fine and court costs in the manner ordered by the Judge.

Yo, el infrascrito, reconozco que hasta que mis multas y el costo de corte son completamente pagados yo estoy de acuerdo en notificar a este juzgado de cualquier cambio en mi situacion financiera o personal que interfiera con mi capacidad de pagar la multa y costos de corte en la manera ordenada por el Juez.

It is my responsibility to keep the Court informed of my ability to pay the fine and court costs. It is my responsibility to keep the Court informed in the event of financial hardship.

Es mi responsabilidad de informar a este juzgado de mi capacidad de pagar la multa y los costos de la corte. Es mi responsabilidad de informar a este juzgado en caso de dificultades economicas.

Depending on the situation, I understand that the Judge may be able to offer me other ways to pay or earn credit towards my fine and court costs. For the Judge to consider such circumstances, and to avoid the possibility of being arrested, I am required to provide timely and sufficient proof to the Court.

Dependiendo en la situacion, yo comprendo que el juez podra ofrecerme otras maneras de recibir or ganar credito hacia la multa y los costos de corte. Para que el juez considere la circunstancia, y para evitar la posibilidad de ser detenido, yo necesito proveer suficientes y oportunas pruebas a este juzgado.

Defendant's Signature/Signatura de Defendiente

Signature by Witness
(Court Clerk, Court Administrator, or Other Court Staff)

This the ____ day of _____, 20__.

CAUSE NUMBER(S): _____

STATE OF TEXAS

IN THE MUNICIPAL COURT

VS.

CITY OF NAVASOTA

GRIMES COUNTY, TEXAS

INITIAL ALL THAT APPLY.

____ The Court has advised me that I am responsible for satisfying the judgment and sentence:
in the amount of \$_____ in Cause Number _____;
in the amount of \$_____ in Cause Number _____;
in the amount of \$_____ in Cause Number _____; and
in the amount of \$_____ in Cause Number _____.

____ I assert that I am unable to pay the fine and costs immediately and that the following information is documentation that I have insufficient resources or income to pay today.

____ I request that the Court extend the payment to a later date.

____ I request that the Court grant a time payment plan.

____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs.

____ I have been determined to be indigent by the federal government and I am receiving or I am eligible to receive assistance under a federal program. Name of program:

_____.

I, the Defendant, do hereby swear or affirm that the statements above are true.

Defendant's Signature

Today's Date

NAVASOTA MUNICIPAL COURT FINANCIAL STATEMENT

(FOR OFFICE USE ONLY)

Defendant _____	Fine & Costs _____
Case Number _____	Interviewer _____
Citation Number _____	Review Date _____
Attorney _____	

PERSONAL:

NAME _____

Last	First	Middle	Nickname
------	-------	--------	----------

STREET ADDRESS _____

Street Number	Street	Apt.	City	State	Zip
---------------	--------	------	------	-------	-----

MAILING ADDRESS _____

Post Office Box or Street	Apt.	City	State	Zip
---------------------------	------	------	-------	-----

PHONE (____) _____ If no phone, number where you can be reached? (____) _____

Race _____ Sex _____ Ht _____ Wt _____ Color Eyes _____ Color Hair _____

Date of Birth _____ Drivers License or ID No. _____ Social Security No. _____

Married _____ Single _____ Separated _____ Divorced _____ Education _____ (Grade Level Completed)

If Married, Spouse's Name _____

Last	First	Middle
------	-------	--------

Spouse's Address & Phone if Different _____ (____)

Street Address	City & State	Area Code & Phone #
----------------	--------------	---------------------

Nearest Living Relative **Not** Residing with you _____ Relationship _____

Address & Phone Number _____ (____)

Street Address	City & State	Area Code & Phone #
----------------	--------------	---------------------

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

Name	Street Address	City & State	Area Code & Phone #	Years known

ASSETS:

Employer _____

Name	Address	Phone	Position	How Long?
------	---------	-------	----------	-----------

Supervisor's Name _____ Your Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Spouse's Employer _____

Name	Address	Phone	Position	How Long?
------	---------	-------	----------	-----------

Supervisor's Name _____ Your Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Please Check Any Other Sources of income You Receive and the Amount(s):

___ Welfare	\$ ___/Month	___ Medicaid	\$ ___/Month	___ Retirement	\$ ___/Month
___ Soc. Sec	\$ ___/Month	___ Unempl.	\$ ___/Month	___ Disability	\$ ___/Month
___ Other	\$ ___/Month	___ Other	\$ ___/Month	___ Other	\$ ___/Month

Bank Accounts _____

___ Checking At _____	Balance: \$ _____
___ Savings At _____	Balance: \$ _____

Automobiles _____

Year	Make	Model	Year	Make	Model
------	------	-------	------	------	-------

Do You Own A Home or Any Other Real Estate? Yes ___ No ___ If yes, where? _____

