



## TIME PAYMENT PLAN REQUEST AND ORDER

### DEFENDANT'S CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Case Number: \_\_\_\_\_ Fine Amount: \$ \_\_\_\_\_

### DEFENDANT'S PLEA AND AGREEMENT

I plead **NO CONTEST** to the citations being placed on this payment plan. I waive my right to a trial by jury and my right to be represented by an attorney.

I have the ability to pay and agree to pay the amount listed below every month. If at any time I am unable to make a payment, I will go to the court before my next scheduled payment to ask about other options. I understand that the court may be able to offer me other ways to pay or earn credit toward my fine and court costs. I understand that it is my responsibility to notify the court of any change in my mailing address, phone number, or email address.

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

### FOR OFFICE USE ONLY

#### ORDER OF THE COURT

The defendant is **ORDERED** to satisfy their fines and court costs through a time payment plan with a starting payment of \$ \_\_\_\_\_ and a monthly payment of \$ \_\_\_\_\_ which will be due on the \_\_\_\_\_ day of every month until paid in full, starting \_\_\_\_\_. If any part of the fine or cost is paid on or after the 31<sup>st</sup> day from the date judgment was entered, a one-time \$15 time payment fee will be added per case.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JUDGE'S SIGNATURE

**Contact Court by Phone:** 817.392.6700  
**Pay in Person or by mail: Municipal Court:**  
1000 Throckmorton St., Fort Worth, Texas 76102  
**Pay Online:** [courtpay.FortWorthTexas.gov](http://courtpay.FortWorthTexas.gov)  
**Pay by Phone:** 682.999.3681

Court/Staff  
Oldest Case \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_ # CITATIONS: \_\_\_\_\_  
AC: \_\_\_\_\_ VERIFY: \_\_\_\_\_