



Mandy Hays, JUSTICE OF THE PEACE PCT 3

DEFENDANT'S INFORMATION

NAME: _____
 ADDRESS: _____
 DL #: _____ PHONE #: _____
 CASE #:
 OFFENSE:
 CITATION AMOUNT:

STANDARD PAYMENT PLAN

A \$15.00 payment plan fee will be due with your first payment under the standard payment plan if the entire fine and costs are not paid before the 31st day from judgment. (Time Payment Fee: Section 133.103 Texas Local Government Code.)

TOTAL COURT COST(S) AND FINE(S)

Balance due in installments as follows:

PAYMENT #1	AMOUNT \$	DUE DATE:
PAYMENT #2	AMOUNT \$	DUE DATE:
PAYMENT #3	AMOUNT \$	DUE DATE:
PAYMENT #4	AMOUNT \$	DUE DATE:
PAYMENT #5	AMOUNT \$	DUE DATE:
PAYMENT #6	AMOUNT \$	DUE DATE:
PAYMENT #7	AMOUNT \$	DUE DATE:

Mail your payment to:
Judge Mandy L. Hays, Pct 3
PO Box 86
Boyd, TX 76023

NO PERSONAL CHECKS WILL BE ACCEPTED

ACKNOWLEDGEMENT - READ AND INITIAL:

_____ I understand the terms and conditions of the payment agreement.
 _____ I have the ability to successfully make the payments.
 _____ I understand that I can request collection staff to review my financial information (payment ability information) to see if I can have lower monthly payment amounts or additional time to pay than what is listed in the attached Standard Payment Plan Summary. I do not need or want collections program staff to review my financial information because I can successfully make the payments described in the attached Standard Payment Plan Summary. I decline the opportunity for local program/court staff to consider lower monthly payments or a longer term.
 _____ I agree to notify this office of any changes of address, phone number, or financial status within 5 days of such change.

 Defendant's Signature Date

SWORN AND SUBSCRIBED to before me on the _____ day of _____, 20_____.

 Notary Public/ Court Clerk