



APPLICATION FOR EXTENSION OF TIME
FOR PAYMENT OF FINE, COURT COSTS, AND FEES

Case Number: _____ Amount Due: \$ _____ TP Fee: \$15.00 Total Amount Due: \$ _____
Court: JP1 Time Payment Beginning Date: _____ Time Payment Amount: \$ _____

DEFENDANT'S INFORMATION:

NAME: _____
First Middle Last

HOME ADDRESS: _____
Street Number Street Apt. City State Zip

HOME PHONE: _____ SOCIAL SECURITY #: _____ DRIVER'S LICENSE _____ STATE _____

CELL: _____ EMAIL: _____

EMPLOYER: _____
Name Phone# Hire Date

Male Female Date of Birth _____ Marital Status: S M D Spouse's Name: _____

DEFENDANT'S INCOME/EXPENSE INFORMATION:

TAKE HOME PAY: _____ Wk Mo Bi Mo SSI or Disability Check Date: _____

OTHER SOURCE OF INCOME _____ AMOUNT \$ _____

MONTHLY EXPENSES:

Housing: \$ _____ Utilities: \$ _____ Auto: \$ _____ Food: \$ _____

Are you currently receiving any government assistance? Yes No, What Type? _____

Number of household dependents? _____

PERSONAL REFERENCES (Must have 2)

(1) Name: _____ Address: _____

Phone #: _____ Relationship to Defendant: _____

(2) Name: _____ Address: _____

Phone #: _____ Relationship to Defendant: _____

I swear or affirm that the above information is true and correct.

Defendant's Signature

Date

FOR INTERNAL USE ONLY

Home or Contact Phone Number Verified YES NO

Employment or Source of Income Verified YES NO

Verified By: _____

Date: _____

Based on ability to pay: _____