JAMAICA BEACH MUNICIPAL COURT

5264 Jamaica Beach

Jamaica Beach, Texas 77554

court@jamaicabeachtx.gov

# Phone (409) 737-1142 ♦ Fax (409) 737-5211

**REQUEST FOR TIME TO PAY**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITATION #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RED/FOLLOW STEPS BELOW TO SUBMIT YOUR REQUEST.

You MUST enter a plea. Check one below.

I enter a plea of [check one] □**Guilty**  or □ **No Contest** and request an extension of time to pay.

You must call the court for the total amount due. **Please enter the total due here:** $\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\*Please note that a one-time $25 payment plan fee will be added to each violation when granted an extension which exceeds 30 days.**

**Select one:**

□ I will pay all fines/fees in full within one month from the due date on the front of my ticket. The due date on the front of my ticket is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ I will pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\*I understand that if I do not pay by the date listed above then I will be required to see the presiding judge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I understand that upon receipt of a Request for Time to Pay that exceeds 30 days, the court will send an installment agreement to the mailing address I gave above. I understand that the court will set the final terms of my installment agreement. I am aware that I MUST sign the installment agreement and return it to the court immediately. I understand that I am responsible for making sure I receive the installment agreement, and then signing and returning to the court.

\*I understand that failure to pay all amounts due could result in a warrant being issued, additional fees being added, the denial of the renewal of my driver’s license by DPS, and the referral of any unpaid balance to a collection agency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***Office use only:***

Request for Time to Pay received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Installment Agreement mailed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_