



CITY OF PRAIRIE VIEW MUNICIPAL COURT

PAYMENT PLAN APPLICATION

Please type or print in blue or black ink.

CITATION/CAUSE NO: _____

Lastname		Firstname	Middle	D.O.B. (mm/dd/yyyy)	Driver's License No:
Mailing Address			City, State, Zip		Telephone No:
Physical Address			City, State, Zip		Alt. Telephone No:
Email Address			Social Security No:		
Employer Name:			Employer Telephone No:		
Employer Mailing Address:			Employer Mailing City, State, Zip		
Employer Physical Address:			Employer Physical City, State, Zip		
Name of Closest Relative:			Telephone Number of Closest Relative:		
Address of Closest Relative:			Closest Relative City, State, Zip		

I hereby enter my plea of [guilty nolo contendere] in cause no: _____. I waive my right to a jury trial or any trial and request a Payment Plan. I understand that submission of this application is not an automatic approval, and that I will be notified by the Court of approval. I further understand that the State of Texas charges \$25.00 for each violation included in the payment installment agreement.

Signature _____

Date _____

Mail your application, and a copy of your driver's license to
Prairie View Municipal Court, P. O. Box 817, Prairie View, TX 77446; or
Bring your application in person to **44500 U.S. Business 290, Prairie View, TX 77446**