



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			

If upon conviction of an offense, you are unable to pay, there may be alternatives to full payment of the fine or costs imposed in this case.

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**