



**WILLIE GARRETT,
JUSTICE OF THE PEACE PCT 4
DEFENDANT'S INFORMATION**

NAME: _____
 ADDRESS: _____
 DL #: _____ PHONE #: _____
 CASE NUMBER: _____
 OFFENSE(S): _____
 CITATION AMOUNT(S): _____

STANDARD PAYMENT PLAN

A \$15.00 time payment reimbursement fee will be due under the standard payment plan if the entire fine and costs are not paid before the 31st day from judgment. (Time Payment Reimbursement 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:
PAYMENT #8	AMOUNT \$	DUE DATE:
PAYMENT #9	AMOUNT \$	DUE DATE:
PAYMENT #10	AMOUNT \$	DUE DATE:

**Mail your payment to:
 Judge Willie Garrett
 1007 13th Street, Suite 109
 Bridgeport, TX 76426**

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