

**CAMERON COUNTY CRIMINAL COURTS
COLLECTIONS DEPARTMENT
APPLICATION FOR EXTENSION OF TIME FOR PAYMENT**

PLEASE PRINT

1. HOW MUCH ARE YOU PREPARED TO PAY TODAY? _____

2. WHY ARE YOU NOT PREPARED TO PAY ALL FINES AND COURT COSTS TODAY? _____

ID No. _____ CAUSE NO. _____ CCR _____ Officer No. _____ Level of Supervision _____

PERSONAL

NAME _____

LAST FIRST MIDDLE
ADDRESS _____

NUMBER STREET APT. CITY STATE ZIP

PHONE () _____ PHONE NUMBER WHERE YOU CAN BE REACHED? () _____

DATE OF BIRTH _____ AGE ____ SOCIAL SECURITY # ____ - ____ - ____ DRIVER'S LICENSE # _____

PLACE OF BIRTH _____ RACE _____ SEX ____ HT _____ WT _____

COLOR EYES _____ COLOR HAIR _____ SKIN TONE _____ SCARS, MARKS _____

AMPUTATIONS _____ EDUCATION _____ YEARS / G.E.D. ____ YES ____ NO OTHER _____

AMERICAN CITIZEN? YES ____ NO ____ ALIEN REGISTRATION NO. _____

MARITAL STATUS

SINGLE __ MARRIED __ COMMON LAW __ DIVORCED __ WIDOWED __ SEPARATED __ # OF DEPENDENTS __

IF MARRIED, SPOUSE'S NAME:

LAST FIRST MIDDLE

LIST THE NAMES, ADDRESSES & PHONE NUMBERS OF THREE (3) RELATIVES:

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

MILITARY SERVICE VETERAN __ YES __ NO BRANCH _____ HONORABLE DISCHARGE __ DATE _____

MONTHLY EXPENSES

RENT \$ _____ UTILITIES \$ _____ PHONE \$ _____ FOODS \$ _____

CHILD CARE \$ _____ CHILD SUPPORT \$ _____ ALIMONY \$ _____ OTHER _____

LANDLORD _____

NAME

ADDRESS

PHONE

ACKNOWLEDGMENT AND DECLARATION:

Under penalty of perjury, I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the County Clerk's office of Cameron County, their employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgement that I formally request an extension of time for payment of fines and court cost now due and payable to the County Clerk of Cameron County.

Sworn and subscribed to this _____ day of _____ 20____, by the defendant,

X _____
Defendant's Signature

(OFFICE USE ONLY)			
LEVEL OF SUPERVISION _____	DECLINED EXTENSION <input type="checkbox"/>	ACCEPT APPLICATION <input type="checkbox"/>	LENGTH _____ DAYS
DECISION EXPLANATION _____			