APPLICATION FOR 30-DAY EXTENSION OR PAYMENT PLAN-Choose One

____ Please grant a 30-day extension from my appearance date to pay my fine.

Plea: Guilty _____ No Contest _____ (You must enter a plea to request a payment plan).

Ticket Number: _____ Total Amount Due: _____ ***plus $15.00 fee(s)

A minimum of $50 is due by your appearance date located above your signature on your citation and EVERY 30 days thereafter until the fine(s) are paid in full. You WILL NOT receive any correspondence from the court saying you are approved for the payment plan.

DEFENDANT'S INFORMATION:

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET ADDRESS APT. CITY STATE ZIP

Email:_____HOME PHONE: (___)_____ WORK PHONE: (___)_____

EMPLOYER: _____
NAME ADDRESS CITY STATE ZIP

_____
PHONE # POSITION SUPERVISOR NAME LENGTH OF EMPLOYMENT

The judgement and sentence for the offense you are charged is the payment of a fine and cost. If ordered to pay a fine and cost, and you cannot pay, notify the court immediately. If you are determined by the court to have insufficient resources or income to pay, the court is required to provide you other ways to discharge the fine and costs.

*****I understand there is a $15.00 payment plan fee per violation that is required by the State of Texas. I further understand if I fail to pay the required monthly payments to the court a Capias Pro Fine Warrant may be issued against me and my fines will increase.**

I swear or affirm that the above information is true and correct.

_____ _____
DATE DEFENDANT'S SIGNATURE

CITY OF LORENA MUNICIPAL COURT FINES-NO PERSONAL CHECKS FOR PAYMENT

NUMBER OF MILES OVER LIMIT	FINE	VIOLATION	FINE
1-14 MILES OVER	$219.00	*EXPIRED DRIVER LICENSE	$179.00
15-19 MILES OVER	$239.00	UNRESTRAINED CHILD	CONTACT COURT
20-24 MILES OVER	$269.00	NO SEAT BELT-DRIVER	$184.00
25 AND UP	$337.00	*NO DRIVER LICENSE	$279.00
SCHOOL ZONE	ADD $25.00 TO FINE	EXPIRED REGISTRATION	$164.00
FAILURE TO APPEAR	$269.00	USE EQUIPMENT/WINDOW TENT	$214.00
VIOLATE PROMISE TO		*NO LIABILITY INSURANCE	$379.00
APPEAR	$289.00	RAN STOP SIGN	$264.00
WARRANT FEE	$ 50.00	OPEN ALCOHOL CONTAINER	$319.00
OMNI FEE	$ 10.00	CROSSING PHYSICAL BARRIER/MEDIAN	$239.00
		PARK IN PROHIBITED AREA/HANDICAP	$575.00

***Charges may be dismissed upon presentation of Driver License or Insurance, provided license or Insurance was valid at the time the citation was issued, and the license or insurance is presented on or before the appearance date on the citation. You may fax this proof to (254)857-4118. Please follow up on fax to be certain it was received and is legible.**

Failure to contact the court will result in additional fines and fees and your file being turned over to a collection agency. Collection agency fees are an additional 30% above all other charges.