



# CITY OF DICKINSON MUNICIPAL COURT

## APPLICATION FOR TIME PAYMENT OR EXTENSION

### SOLICITUD PARA LA EXTENSION DEL PAGO DE MULTA Y GASTOS DE TRIBUNAL

(Please complete all information and please print legibly) Phone numbers are verified while at the windows.  
(Por favor complete toda la informacion y imprima de forma legible.) Numeros de telefono se verifican en las ventanas

Name: \_\_\_\_\_  
Last (Apellido) First(Primer Nombre) Middle (Segundo Nombre)

Date of Birth: \_\_\_\_\_ Drivers Lic. or Id No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Fecha de Nacimiento) (Numero de Licencia O de Id) (No. De Seguro Social)

Address: \_\_\_\_\_  
Direccion Street Number/Name Apt./Lot City, State, Zip Code  
(Calle) (No. de Apartamento) (Ciudad, Estado, Codigo Postal)

Mailing Address: \_\_\_\_\_  
Direccion de envio P.O. Box or Street Apt. City, State, Zip Code  
(Calle) (No. de Apartamento) (Ciudad, Estado, Codigo Postal)

Telephone Number: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Telefono De su Casa Numero Cellular

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Empleo: Name/Nombre (Clasa de Trabajo)

Employer's Address: \_\_\_\_\_  
Address/Direccion City, State, Zip Code\ (Ciudad, Estado, Codigo Postal)

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Employer's Telephone Number: \_\_\_\_\_  
(Sueldo Libre) (Por) (Telefono de Trabajo)

List of Name, Address & Phone Humberes of **Two (2) Personal Reference Not Related to You:**  
(Lista de nombre, las direcciones, y numero de telefono de los referencias personales que no sean familiares de usted):

Name \Nombre	Street Address Apt.	City, State, Zip	Phone
Nombre	Calle No. de Apartamento	(Ciudad, Estado, Codigo Postal)	Telefono #

Name \Nombre	Street Address Apt.	City, State, Zip	Phone
Nombre	Calle No. de Apartamento	(Ciudad, Estado, Codigo Postal)	(Telefono #)

Bank Account (Check all that apply) \_\_\_ Checking \_\_\_ Saving \_\_\_ Other: \_\_\_\_\_ Available Balance:\$ \_\_\_\_\_  
(Cuenta Bancaria) Cuenta Corriente bancaria) (Ahorros) (Otro) (Saldo\Balance disponible)

Obligation (OBLIGACION):

List All Your Creditors (Mortgage Companies, Banks, Credit Cards, Finance Companies, Department Stores, etc)

Lista de Creditors Y Deudas:

Compayn Name (Nombre de Compania)	Balance Owed (Balance de pagos)	Payment Amount (Month ( Pago Mensual)
_____	\$ _____	_____
_____	\$ _____	_____

**By my signature below the information above is true and correct to the best of my knowledge:  
Con mi firma abajo declaro que esta informacion es verdad y es correcto con el mejor de mi conocimiento:**

**WARNING: FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND MAXIMUM FINE UP TO 4,000.00**

**ADVERTENCIA: LA PRESENTACIÓN DE INFORMACION FALSA CON EL TRIBUNAL ES UNA CLASE A DELITO MENOR PUNIBLE CON HASTA UN AÑO DE CÁRCEL Y UNA MÁXIMA MULTA HASTA \$4,000.00**

\_\_\_\_\_

\_\_\_\_\_

**DATE (Fecha)**

**Signature (Firma)**

### **Payment of Fine and Court Costs**

A fine is part of your punishment for the crime committed. Court costs are part of the expense of legally processing your case. Failure to pay can either **RESULT IN YOUR ARREST, CONFINEMENT, AND/OR A HOLD BEING PLACED ON YOUR DRIVER'S LICENSE.** If a warrant is issued for your arrest, you will be held in the City Jail until someone has paid the balance in full on your behalf, post a bond, if applicable, or until you have served out the balance in jail.

#### **General Processing**

**IF YOU LEAVE WITHOUT MAKING EITHER PAYMENT IN FULL OR PAYMENT ARRANGEMENTS, YOU WILL BE IN VIOLATION OF YOUR COURT ORDER AND SUBJECT TO ARREST.**