



City of San Marcos Municipal Court of Record
712 South Stagecoach Trail, Suite #2233
San Marcos, TX 78666
(512) 393-8190 • Fax: (855) 246-9121
municipalcourtinfo@sanmarcostx.gov

APPLICATION FOR TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE

Submit to: municipalcourtinfo@sanmarcostx.gov WITH a copy of your photo I.D.

All blanks must be filled in to be considered for time payment, an extension or community service.

Defendant's Name: _____ Email Address: _____
Citation/Docket Number: _____ Cell Phone Number: _____
Street Address: _____ Apt: _____ City: _____ State: _____

Include Apt, Suite or Lot #.

INCOME

I have one employer/job. Y N My employer(s) is/are: _____
I have multiple employers/jobs. Y N My job title is: _____
I work a total of _____ number of hours weekly.
My weekly salary is: \$ _____ My monthly salary is: \$ _____
I also receive income from (*rent, alimony, lawn work, allowance, disability, cash payment for odd jobs, babysitting, etc.*)

My additional income totals \$ _____ monthly.

Check one:

I OWN RENT my residence, and my monthly house payment/rent is: \$ _____

OR I am HOMELESS I live RENT FREE

Total number of dependants that live with me: _____

List all dependants, their ages and relationship to you:

I am Married Single Divorced Widowed Sharing My Residence/Co-Habiting

Spouse's/Partner's Name: _____

Spouse's/Partner's Monthly Salary/Income: \$ _____

Spouse's/Partner's employer/job: _____ Spouse's/Partner's Job Title: _____

Do you have a checking account? Y N What is the current balance? \$ _____

Do you have savings account? Y N What is the current balance? \$ _____

Do you have credit cards? Y N How much do you currently owe on your credit cards? \$ _____

EXPENSES

Estimate average monthly expenses for YOU AND your HOUSEHOLD:

Home mortgage payment, rent, or lot rental for trailer:	
Routine home maintenance:	
Utilities (electricity, water, gas, telephone):	
Food and Sundries:	
Clothing and Uniforms:	
Laundry and cleaning	
Tools required for work/school:	
Newspapers, periodicals, & books, including school books:	
Medical, dental, and drug expenses:	
Insurance (auto, life, medical, homeowners/renters):	
Taxes not deducted from wages or included in mortgage:	
Alimony or support payments:	
Religious/charitable contributions:	
Tuition or Student Loans:	
Civil or Criminal Fines/Fees or Restitution:	
Other Expense:	
Other Expense:	
TOTAL MONTHLY ESTIMATE OF EXPENSES:	

ACKNOWLEDGEMENT AND AFFIRMATION

Your initial by each of the following statements indicates that you have read, understand, and agree to the statement:

- _____ I understand that until my fines and court costs are paid in full I have a continuing obligation to notify the Court of any changes in my financial status that may hinder my ability to satisfy the judgment or help me satisfy the judgment.
- _____ I understand that if I pay any part of the fine, costs, or restitution (if applicable) on or after the 31st day after judgment was entered that I am responsible for paying a \$15.00 time payment fee (Section 133.103, Local Government Code).
- _____ I understand that submitting false financial information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Section 37.10, Penal Code). I swear that all the information in this application is true, correct, and complete to the best of my knowledge and belief.
- _____ I affirm that all information provided in this document is true and correct to the best of my knowledge.

Date: _____

Defendant's Signature: _____