

**IRVING MUNICIPAL COURT
TIME PAYMENT APPLICATION
ACKNOWLEDGMENT AFFIDAVIT**

In order to be considered for an extension of time to pay (Time Payment Plan), it is MANDATORY that the following information be provided to the Court. (No blank lines or spaces)

Please be aware that the Court is **required** to verify information on this form at the time it is turned in, if you are at the Court.

If, during the verification process, it is discovered that information provided is false or incorrect, YOU WILL BE IMMEDIATELY EXCLUDED FROM THE PROGRAM AND FINE BALANCES MUST BE PAID IN FULL to prevent warrant issuance.

APPLICATION

NAME _____ DOB _____

DL/ID # _____

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____ How Long _____

Home Tele # _____ Cell Phone # _____

Email Address (if any) _____

Employer _____ Supervisor's name _____

Address _____ City _____ State _____

Work Tele # _____ Supervisor's # _____

Length of Employment _____

List **two personal references** who can assist the court in verifying the information you provide, and who will know where you can be contacted if you move or change employment:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ RELATIONSHIP _____

Email Address (if any) _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ RELATIONSHIP _____

Email Address (if any) _____

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I swear that the application information is true, correct and complete to the best of my knowledge and belief. I attest that I cannot make full payment of the fines and state costs levied against me by the court.

I understand that failure to make scheduled payments on an extension of time to pay/time-payment plan will result in the issuance of a warrant for my arrest.

I understand that the court will verify the information in my presence and that falsifying any information on this form will result in my immediate exclusion from the program and that fine balances must then be paid in full to prevent warrant issuance.

I understand that a state-mandated time-payment fee of \$25 must be collected for each violation placed on a payment plan and that fee(s) must be paid at the time this form is submitted. Your payments will be \$100 every 30 days until the balance is paid in full.

I also acknowledge the receipt of a copy of this document and that I understand the terms of my payment plan and believe I have the ability to successfully meet the payment plan terms. I decline the opportunity to have my payment ability reviewed for a lower monthly payment or a longer term at this time.

Prior to satisfying the fine and fees if my financial circumstances change, I understand that I can appear at the Irving Municipal Court in person Monday – Friday at 1:30 p.m. A referral to the Judge may be required for judicial review of my specific situation.

I promise that until my court fines and state costs have been paid in full, I will notify the court of any changes to the information on this form in person or by first class mail at the following address: City of Irving Municipal Court, 305 N. O'Connor Rd., Irving, Texas, 75061.

Citation # _____

Signature

Date

Court Clerk

Date

