



Portland Municipal Court
1900 Billy G. Webb Dr.
Portland, Texas 78374
361-777-4543 Office

Payment Plan Request or 30 Day Extension
(attach copy of Driver's License or ID with request)

Defendant Name: _____ Citation(s): _____

Address: _____

Mailing address if different: _____

Phone No.: _____

I understand that I am not required to plea Guilty or No Contest that I am entitled to a trial by Jury or in front of the court. For consideration on a request for payment plan or 30 days extention I must plea Guilty or No Contest.

I, _____, hereby plea **(GUILTY) OR (NO CONTEST)** on the above citation(s) and waive my
(Defendant Name) (Circle One)
right to a trial. I have enclosed the \$25 deposit per violation for a payment plan as outlined in the Portland Municipal Court Standing Order No. 11. I agree to the term below (initial one).

1. _____ To pay the remaining balance within 30 days from this request.
2. _____ My total amount owed is less than \$500.00 and I will make monthly payments of \$100.00 until my balance is paid in full.
3. _____ My total amount owed is between \$501.00 - \$1000.00 and I will make monthly payments of \$150 until my balance is paid in full.
4. _____ My total amount owed is over the amount of \$1,000.00 and I will make monthly payments of \$200.00 until my balance is paid in full.

I understand that failure to comply with the payment plan agreement may result in an arrest warrant being issued and a driver's license suspension order being issued to DPS. I further understand if the balance of the payment plan is not paid in full within 30 days of the assessment/judgment date, a \$15.00 time payment reimbursement fee will be added to each citation set up on the payment plan. I understand that if I become delinquent on my payment plan, collections fees may be added to increase my total balance due by 30% plus additional fee.

Prior to mailing in your request please make sure the form is notarized, any incomplete forms will be rejected.

Defendant Signature

Date

Sworn and subscribed before me on the _____ day of _____, 20_____.

(seal)

Notary

*** There is a \$25 deposit for **EACH** violation you want on a payment plan. Cashier's check or money order only*** 1 violation = \$25, 2 violations = \$50, 3 violations = \$75, etc.