



**CITY OF PORTLAND MUNICIPAL COURT
APPLICATION FOR PAYMENT PLAN**

NAME:

CITATION NUMBER:

Date of Request:

Shall be reported as a conviction on your drivers record.

- ✓ May be required to provide the court with documentation such as Federal Income Tax Return, 2 recent bank statements, paycheck stubs, Government assistance, Statements from creditors, Verification of disability or workers compensation benefits.
- ✓ Alcohol Offense (Minors must appear in court)
- ✓ Juvenile Offense (Juveniles must appear in court with a parent or guardian)
- ✓ A time payment fee of \$ 15.00 has been added to each case in the payment agreement. In the event that any individual case is paid in full within 30 days of the judgment, the fee will be credited.

I am hereby requesting Payment Plan by completing this application. I swear and affirm under the penalty of perjury that the statements below are true and correct.

Note: Payments can be made: Online @ www.portlandtx.gov, by mail or in person.

If further extensions are required, the Defendant is to submit in writing why an extension should be granted. If the Defendant fails to comply with the orders of this Judgment, a show cause hearing will be scheduled.

If the Defendant fails to appear for the show cause hearing, a *capias pro fine* may be issued for the Defendant's arrest. The *capias pro fine* will be issued for the remaining amount of the fine and costs plus a \$50 warrant fee.

Defendant is **ORDERED** to notify the Court of any change of address.

I have read (or had read and explained to me) this payment plan and I fully understand it without exception. I further understand that I have entered a plea.

Defendant's Signature & date:

Date of Birth:

Driver's license or ID #:

*Portland Municipal Court
1900 Billy G. Webb, Portland, TX 78374
Office (361) 777-4543 Office (361) 777-4580
municipalcourt@portlandtx.gov
www.portlandtx.gov*

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

**APPLICATION FOR INDIGENCY, TIME PAYMENT, EXTENSION, OR COMMUNITY SERVICE
PLEASE INCLUDE ALL DOCUMENTATION**

STATE OF TEXAS
VS

CAUSE NUMBER(S):
PORTLAND MUNICIPAL COURT

Name: _____ Telephone number: _____

Address: _____

Email: _____

Employer: _____ Job Title: _____

Employer's Address: _____

Salary: \$ _____ per month Employer's Telephone Number: _____

Along with monthly income include benefits of any kind received from all sources. Please list the sources & amounts:

Spouse's Name: _____ Spouse's Salary: \$ _____ per month

Spouse's Employer: _____ Spouse's Job Title: _____

List all your dependents, their ages, and their relationship to you: _____

INITIAL ALL THAT APPLIES:

____ The Court has advised me that I am responsible for satisfying the judgment and sentence:

in the amount of \$ _____ in Cause Number _____

in the amount of \$ _____ in Cause Number _____

in the amount of \$ _____ in Cause Number _____

in the amount of \$ _____ in Cause Number _____

____ I assert that I am unable to pay the fine and costs immediately and that the following information is documentation that I have insufficient resources or income to pay today.

____ I request that the Court extend the payment to a later date.

____ I request that the Court grant a time payment plan.

____ I request that I be able to discharge the fine and costs by performing community service, because I have no resources to pay and I am unable to pay the fine and costs.

____ I have been determined to be indigent by the federal government and I am receiving, or I am eligible to receive assistance under a federal program. Name of program: _____

DEPOSITS IN FINANCIAL INSTITUTION & CASH ON HAND: _____

ESTIMATE YOUR AVERAGE CURRENT MONTHLY EXPENSES FOR YOU AND YOUR FAMILY:

1. Home mortgage payment, rent, or lot rental for trailer: \$ _____
2. Routine home maintenance: \$ _____
3. Utilities (electricity, water, gas, telephone): \$ _____
4. Food and sundries: \$ _____
5. Clothing: \$ _____
6. Laundry and cleaning: \$ _____
7. Newspapers, periodicals, & books, including schoolbooks: \$ _____
8. Medical, dental, and drug expenses: \$ _____
9. Insurance (auto, life, medical, homeowners/renters): \$ _____
10. Transportation, including auto payments: \$ _____
11. Taxes not deducted from wages or included in mortgage: \$ _____
12. Alimony or support payments: \$ _____
13. Religious/charitable contributions: \$ _____

LIST ALL OF YOUR CREDITORS (including credit cards) AND THE AMOUNT YOU OWE EACH

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT, AND AGREE TO IT.

____ I promise that until my fines have been paid in full, I will notify this Court in person or by first-class mail of any changes of my address or telephone number at the following address 1900 Billy G. Webb, Portland, Tx within five (5) days of the change.

____ 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 \$25 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.

Defendant/Parent/Guardian/Attorney

Date

**IN THE MUNICIPAL COURT
CITY OF PORTLAND, SAN PATRICIO COUNTY, TEXAS**

**THE STATE OF TEXAS
VS.**

CAUSE NO.

PLEA FORM

You have been charged with

Plea of Not Guilty

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the Portland Municipal Court. **I PLEAD NOT GUILTY.**

Initial One:

_____ I want a jury trial.

_____ I waive my right to a jury trial and request a trial before the Court.

I promise to appear in the Portland Municipal Court on any date for which this case is scheduled before this Court. I understand that if I do not appear anytime I am required to appear for this case, a Failure to Appear charge may be filed and warrants may be issued for my arrest.

Plea of Nolo Contendere

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the Portland Municipal Court. I understand that I have a right to a jury trial and that my signature on this **plea of nolo contendere** (meaning "no contest") will have the same force and effect as a plea of guilty on the judgment of the Court. I do hereby **plead nolo contendere** to said offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

Plea of Guilty

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged in the Portland Municipal Court. I understand that I have a right to a jury trial. I do hereby **plead guilty** to the offense as charged, **waive** my right to a jury trial or hearing by the Court, and **agree to pay** the fine and costs the judge assesses. I understand that my plea may result in a conviction appearing on either a criminal record or a driver's license record.

I hereby enter a plea of **NOLO CONTENDERE** and request Deferred Adjudication.

I hereby enter a plea of **NOLO CONTENDERE** and request Defensive Driving.

DEFENDANT'S SIGNATURE/DATE

DEFENDANT'S/PARENT/GUARDIAN/ATTORNEY SIGNATURE & DATE

DRIVER'S LICENSE NO. OR I.D. NO.

PHONE

EMAIL ADDRESS

MAILING ADDRESS