



Judge Robert Shaw
Johnson County
Justice of the Peace, Precinct 4
Payment Plan Application

ANSWER ALL QUESTIONS - DO NOT LEAVE ANY BLANKS - DO NOT REPEAT PHONE NUMBERS

___ NOLO CONTENDRE ___ GUILTY CASE # _____

PERSONAL INFORMATION:

NAME: _____ Date of Birth ____/____/____
Last First Middle

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____ CELL: (____) _____

EMAIL: _____

NAME & PHONE NUMBER OF THREE (3) PERSONAL REFERENCES:

NAME: _____ PHONE #: (____) _____

NAME: _____ PHONE#: (____) _____

NAME: _____ PHONE#: (____) _____

EMPLOYMENT:

EMPLOYER'S NAME: _____ ADDRESS: _____

PHONE#: _____ SUPERVISOR'S NAME: _____

Acknowledgment and Declaration: Under penalty of perjury I hereby certify that all of the above information is true and correct to the best of my knowledge. I also understand that information on this application may be verified by the Johnson County Justice Court, their employees or agent and that deliberate misrepresentation of the information may require prosecution. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit agencies. I also certify that I will keep you informed of all changes in address and phone numbers.

Office Use Only	Staff Initial
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (call/visual) <input type="checkbox"/> Ref #1 <input type="checkbox"/> Ref #2	Date

 Defendant's Signature Date Clerk Date

Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	___ per week or ___ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	___ per week or ___ per month
Pay rate	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance
Are you currently receiving (check all that apply)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public housing
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance:	
\$ _____	
Balance:	
\$ _____	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Assets		Value
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other:		\$
B. Real Property Owned; Description/Location:		\$
C. Automobile(s)		\$
Make	Model	Year
Make	Model	Year
Make	Model	Year
D. Stock and Bonds (provide description)		\$
		\$
		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
		\$
		\$
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
G. Other Assets (Identify)		VALUE
		\$
ASSETS TOTAL VALUE		\$

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20__

Clerk's Signature

This court finds the defendant is / is not indigent.

Signature of Judge

Standard Payment Plan Acknowledgment Form

I _____, Defendant, understand and agree to the terms of the standard payment plan and acknowledge and agree that the following is true and correct:

1. I am able to pay \$ _____ a month on or before the date my payment is due as described in the attached Standard Payment Plan Summary.
2. I understand how much I owe every month, the dates that my payments are due every month, and how many payments I will need to make.
3. The Defendant understands that he/she can request collection staff to review financial information (payment ability information) to see if he/she can have lower monthly payment amounts or additional time to pay than what is listed in the attached Standard Payment Plan Summary. I do not need or want collections program staff to review my financial information because I can successfully make the payments described in the attached Standard Payment Plan Summary.

Defendant Name (print)

Defendant Signature

Date

Court/Collection Staff Name (print)

Court/Collection Staff Signature

Date