

**THE COLONY MUNICIPAL COURT**  
**5151 N Colony Blvd, The Colony, TX 75056**  
**APPLICATION FOR PAYMENT EXTENSION OF FINE AND COURT COST**

NAME: \_\_\_\_\_  
(Nombre) Last First Middle

OTHER NAMES USED (MAIDEN) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(Direccion Fisica) CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
(Direccion De Envio) CITY STATE ZIP

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(Telefono Movil) (Telefono de Casa)

DOB: \_\_\_\_\_ DL# \_\_\_\_\_ EMAIL \_\_\_\_\_  
(Fecha de Nacimiento) (# Licencia de Conducir)

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_  
(Empleador) (Telefono de Empleador)

EMPLOYER ADDRESS: \_\_\_\_\_  
(Direccion De Empleo) CITY STATE ZIP

\$ / HOUR \_\_\_\_\_ \$ / SALARY \_\_\_\_\_ \$ / TIPS \_\_\_\_\_

PAY FREQUENCY: WEEKLY \_\_\_\_\_ BI WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ OTHER \_\_\_\_\_

**I understand that if the total amount due is not paid within 30 days from the date of the judgment in my case, a \$15.00 time payment reimbursement fee will be added per case. (See Article 102.030 Code of Criminal Procedure) \_\_\_\_\_ Defendants Initials**

**I understand that failure to pay the fine and court costs as ordered may result in a Capias Pro Fine warrant issued for my arrest. A \$50.00 warrant fee will be added per case. \_\_\_\_\_ Defendants Initials**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_