



Nueces County Process for Extension of Time for Payment of Fine and Costs

All Court Costs, Fines, and Attorney Fees are due in full immediately after Court, but if you cannot pay it in full today and you need to make other arrangements, please do the following:

INSTRUCTIONS

Step 1:

Fill out Contact Information Form completely. (It will be verified.)

[CIP(1TAC175) Section175.3(a)(4)] This is what's required to set you up on a Standard Payment Plan [Section 175.3(a)(7)(A)].

Anything lower than the Standard Plan is subject to financial review and the Financial part of the Application will need to be filled out completely.

Step 2:

Sign and date completed Form(s) and submit as follows:

Nueces County Residents submit
IN PERSON to:
Nueces County – Collections & Compliance
901 Leopard St. – Room 201
Corpus Christi TX 78401
Phone: (361) 888-0839

Nueces County Non-Residents MAIL or
FAX to:
Nueces County – Collections & Compliance
P.O. Box 583
Corpus Christi, TX 78403
Fax: (361) 888-0881

Step 3:

You must be interviewed to establish payment agreements.

DISCLAIMER

Nueces County **DOES NOT** accept partial payments for Criminal Costs, Fees, and Fines until a payment plan has been established. Failure to comply may result in a **capias profine** (warrant) issued for your arrest.

CITATIONS

You **MUST** contact the court in the jurisdiction where the citation was issued. Refer to your citation for this information.

If you are unable to make your payment and/or change in payment ability information has occurred, contact our office for information regarding a possible show cause hearing and/or non-monetary compliance option, if available. You may be able to avoid jail time if you are unable to pay the amount owed without undue hardship to you and your dependents.



Nueces County Collections & Compliance Dept. Contact Information/Financial Application

PURPOSE OF THIS INFORMATION FORM

The contact information below is required and will be verified based on the CIP(1TAC175) Section 175.3(a)(4). You must complete all fields with your most current personal information, sign and date the Acknowledgement and Declaration.

PERSONAL INFORMATION

Please print and complete all areas of this form.

Name Last		First		MI		Date of Birth	Driver's License No./ID No.
Physical Address: Street		Apt		City		State	Zip
Telephone No.							
Mailing Address: P. O. Box/Street		Apt		City		State	Zip
Alternate Telephone No.							
Race:	Sex:	HT:	WT:	Color Eyes:	Color Hair:	Email address	
Marital Status:		If married, Name of Spouse:		Last		First	MI
Married Single Separated Divorced Widow						Telephone No. (if different)	
Spouse's Address (if different)		Street Address		City		State	ZIP
Nearest Relative not living with you:						Relationship:	
Address of Relative:		Street Address		City		State	ZIP
Relative Telephone No.							

List the names, addresses and telephone numbers of two personal references not living with you.

Name	Address	Telephone No.	Years Known
1			
2			

According to CIP (1TAC175) Section. 175.3(a)(6)(B) & Section. 175.3(a)(7)(A), if you will not be able to accept the terms to our Standard Payment Plan, then the following information is required and will be verified, You must complete all fields with your most current financial information, sign and date the Acknowledgement and Declaration if you haven't done so already.

FINANCIAL INFORMATION

EMPLOYMENT INFORMATION *If unemployed, list previous employer.*

Employer Name	Address	Position	How Long
Supervisor Name	Supervisor Telephone No.	Pay Cycle	Take Home Pay Per: week month
Spouse's Employer Name	Address	Position	How Long
Spouse's Supervisor Name	Supervisor Telephone No.	Pay Cycle	Take Home Pay Per: week month

ASSETS/INCOME/ASSISTANCE

Please Check any other sources of income/Assistance you receive and the amounts if any: (monthly)

Attending High School Yes No	Social Security/Disability	Unemployment	Retirement	TANF	SNAP (Food Stamps)
Child Support	Death Benefits	Medicaid	CHIPS	WIC	Other: _____

List banking institutions including credit unions where you may have a checking or savings account

	Banking Institution	Type of Account	Balance
1		Checking Savings	
2		Checking Savings	

Automobiles Owned: Yr. Make Model Vehicle Registration/License Plate(s) No.:

OBLIGATIONS/EXPENSES

List all your Creditors (Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Loans, and Rent-to-Own Companies.) (Use the back of this application to list additional creditors.)

	Company Name	Balance Owing	Payment Amount	Per
1				Week Month
2				Week Month

MONTHLY EXPENSES:

Rent/Mortgage	Utilities	Telephone	Food	Child Care	Fuel	Vehicle Insurance
Electricity	Child Support	Health Insurance	Medical Expense	Household Items	Alimony	Other: _____

How many Dependents live with you? (Spouse, Children)	Please check one:	Own or buying own home	Rent – Landlord's Name:
		Live w/parents-Name:	Other - Please explain

ACKNOWLEDGMENT AND DECLARATION

Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my contact and current financial information. I authorize Nueces County, its employees or agents to conduct a complete and thorough investigation of my statement and authorize Nueces County to call, text, email, and mail me notices of delinquency. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time for payment of the fine and court costs now due and payable to the County of Nueces.

Defendant's Signature

Sworn to and subscribed before me this _____ day of _____, 20_____, by the defendant.

Collections & Compliance Dept.
Nueces County, Texas

Deputy Clerk Signature