

(COMPLETE BOTH PAGES – PLEASE PRINT) Blank answers will delay your processing.

**APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN
COURT COLLECTIONS**



HOW MUCH ARE YOU PAYING TODAY? \$ _____

A) PERSONAL INFORMATION: COMPLETE ALL BLANKS

Social Sec. # _____ - _____ - _____ Date of Birth _____ Race _____ Sex _____ Ht. _____ Wt. _____

Color Eyes _____ Color Hair _____ Driver's License [] or I.D. [] Number# _____ State _____

Name: _____
Last _____ First _____ Middle _____ Go By _____

Mailing Address: _____
Street _____ Apt. # _____ City/State _____ Zip Code _____

Physical Address: _____
Street _____ Apt. # _____ City/State _____ Zip Code _____

Does anyone other than you live at this address? Yes [] No [] If yes, who & relationship? _____

Cell/Message Phone: _____ Home Phone: _____ Work Phone: _____

[] Married [] Single [] Separated [] Divorced Email: _____

If married, Spouse's Name _____
First _____ Middle _____ Last _____

Spouse's Address & Phone # (if different) _____
Address _____ Phone _____

B) CONTACTS: LIST (2) PEOPLE WHO CAN CONTACT YOU.

1) _____
Name _____ City/State _____ Phone _____ Relationship _____

2) _____
Name _____ City/State _____ Phone _____ Relationship _____

C) STUDENT INFORMATION: ARE YOU A STUDENT? [] Yes [] No IF "NO," MOVE TO PART "D"

If yes, [] College [] High School [] Other Status [] Full-time [] Part-time Education (grade level completed) _____

Name of School _____ Who pays tuition? _____ Hours you attend school: Everyday _____ to _____ or

MWF _____ to _____ or TTH _____ to _____ or Other (explain): _____

For Office Use Only	Total Due \$ _____	Court _____	Offense _____
Case Number _____	Attorney _____	Over Phone [] / In-Person []	
(COMPLETE FRONT and BACK – PLEASE PRINT) Blank answers will delay your processing.			

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D) EMPLOYMENT: Are you [] Employed [] Unemployed?

How long? _____ [] Days [] Weeks [] Months [] Years

If employed, [] Part-time [] Full-time

If “Part-time,” approximately how many hours per week: _____

Employer: Name _____

Address _____

Phone# (_____) _____ - _____

Hourly wage \$ _____ Take Home Pay \$ _____

[] weekly [] bi-weekly [] monthly Next Pay Day _____

Spouse’s Employer: [] Employed [] Unemployed

How long? _____ [] Days [] Weeks [] Months [] Years

If employed, [] Part-time [] Full-time

If “Part-time,” approximately how many hours per week: _____

Employer: Name _____

Address _____

Phone# (_____) _____ - _____

Hourly wage \$ _____ Take Home Pay \$ _____

[] weekly [] bi-weekly [] monthly Next Pay Day _____

E) CREDITORS

List All of Your Creditors (ex. Banks, Auto Payment, Credit Card Accounts, Finance Companies, Rent-to-Own Companies, etc.)

Company Name	Balance Owed	Payment Amt. (wk./mo)
Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)
Company Name	Balance Owed	Payment Amt. (wk./mo.)

F) ASSETS: Bank Accounts:

[] Checking	Bank Name _____	Balance \$ _____	Automobiles:
[] Savings	Bank Name _____	Balance \$ _____	Year _____ Make/Model _____

G) OTHER INCOME

[] Welfare	\$ _____
[] Retirement	\$ _____
[] SSI Retirement	\$ _____
[] SSI Disability	\$ _____
[] Unemployment	\$ _____
[] Food Stamps	\$ _____
[] Child Support	\$ _____
[] Other Income Explain:	\$ _____

H) EXPENSES:

[] Rent/Mortgage	\$ _____
[] Electric/Water	\$ _____
[] Home Gas	\$ _____

H) EXPENSES CONTINUED:

[] Phone	\$ _____
[] Other Utilities	\$ _____
[] Food	\$ _____
[] Car Insurance	\$ _____
[] Child Care	\$ _____
[] Life/Hlth Ins.	\$ _____
[] Child Support	\$ _____
[] Garnished [] Pay direct	\$ _____
[] Prob. /Parole	\$ _____
[] Tax Liens	\$ _____
[] Other	\$ _____

What? _____

All expenses in you & spouses name?

[] Yes [] No

I) DEPENDENTS

How many dependents do you support? _____

[] Spouse

[] Child (ren)

Age _____ Age _____

Age _____ Age _____

Age _____ Age _____

[] Other

Relationship _____

[] Other

Relationship _____

ACKNOWLEDGMENT AND DECLARATION:

Under penalty of perjury, I hereby certify the information I have supplied is a complete and accurate statement of my current financial condition. I authorize **Court Collections of Mitchell County**, their employees or agents to conduct a complete and thorough investigation of my statement. I understand this investigation and subsequent contact could include direct verifications of all information given, through phone calls, texts via auto or robo dialer, or email and any other electronic means including obtaining reports from credit reporting agencies. Upon acceptance of a standard plan, I waive my right for **Court Collections** or its affiliates to review my financial status. It is with this understanding, consent and acknowledgment that I formally request an extension of time to pay assessed fines, fees and court costs now due and payable to **Court Collections**. It is also with this understanding, that I accept the terms and conditions of any and all payment or non-monetary plans.

Sworn and Subscribed on _____ 2026, by the Defendant.

X _____

Defendant’s Signature

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