

**APPLICATION FOR EXTENSION OF TIME
FOR PAYMENT OF FINE, COURT COSTS, AND FEES**

(FOR OFFICE USE ONLY)

Defendant _____	Fine, Fees & Costs _____
Case Number _____	Interviewer _____
Court Number _____	Review Date _____
Attorney _____	

(Complete Both Sides. Please Print.)

PERSONAL:

NAME _____

Last
First
Middle
Nickname

STREET ADDRESS _____

Street Number
Street
Apt.
City
State
Zip

MAILING ADDRESS _____

Post Office Box or Street
Apt.
City
State
Zip

PHONE (____) _____ If no phone, number where can you be reached? (____) _____

Race _____ Sex _____ Ht _____ Wt _____ Color Eyes _____ Color Hair _____

Date of Birth _____ Drivers License No. _____ Social Security No. _____

Married _____ Single _____ Separated _____ Divorced _____ Education _____ *(Grade Level Completed)*

If Married, Spouse's Name _____

Last
First
Middle

Spouse's Address & Phone if different _____

Street Address
City & State
(____) Area Code & Phone Number

Nearest Living Relative **Not** Residing With You _____ Relationship _____

Address & Phone Number _____

Street Address
City & State
(____) Area Code & Phone Number

List of Names, Addresses & Phone Numbers of Two (2) Personal References **Not** Related to You:

Name _____	Street Address _____	City & State _____	(____) Area Code & Phone Number _____	Years Known _____
Name _____	Street Address _____	City & State _____	(____) Area Code & Phone Number _____	Years Known _____

ASSETS:

Employer _____

Name
Address
Phone
Position
How Long?

Supervisor's Name _____ Your Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Previous Employer _____

Name
Street Address
City & State
(____) Area Code & Phone Number
From/To

Spouse's Employer _____

Name
Street Address
City & State
(____) Area Code & Phone Number
Position

Supervisor's Name _____ Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Please Check Any Other Sources of Income You Receive and the Amount(s):

___ Welfare	\$ _____/Month	___ Medicaid	\$ _____/Month	___ Retirement	\$ _____/Month
___ Soc. Sec.	\$ _____/Month	___ Unempl.	\$ _____/Month	___ Disability	\$ _____/Month
___ Other	_____	\$ _____/Month			

Bank Accounts _____ Checking At: _____ Balance: \$ _____
 _____ Savings At: _____ Balance: \$ _____

Automobiles _____

Year
Make
Model
Year
Make
Model

Do You Own a Home or Any Other Real Estate? Yes _____ No _____ If yes, where? _____

