

STANDING JUDICIAL ORDER REGARDING

DEFENDANT'S EXTENTION TO PAY/PAYPLAN/MODIFICATION OF PAYMENTS

The payment plan schedule is put into place as of July 2024. THEREFORE, IT IS HEREBY ORDERED, this new payment plan schedule shall become effective immediately. This order pertains to any defendant entering a plea of guilty/ nolo contendere/no contest either in person or by 1st class mail with a request to the court for an extension to pay. Upon completion and verification of the required application pursuant to Code of Criminal Procedure 103.0033 and Texas Administrative Code Title 1 Part 175A the guidelines for a pay schedule shall be as follows:

OPTION 1

AMOUNT DUE:	TIME ALLOWED:
\$99.00 OR LESS	30 DAYS
\$100.00-\$299.00	1-3 MONTHS
\$300.00-\$499.00	4-5 MONTHS
\$500.00-OR MORE	6 MONTHS

OPTION 2 Monthly payment of \$50.00 or 20% (whichever is greater) due on the 30th day of each month to satisfy fine and court costs.

OPTION 3 Pay in full within 30 days

1. The defendant shall make an **initial payment of 20% or \$50.00** (whichever is greater) to have an extension or payment plan established. Defendants that have a Capias Pro Fine issued must pay in full unless otherwise approved by the Judge.
2. Payment plans requiring more time than prescribed above **MUST** have approval in writing by the Judge.
3. A defendant who is already set up on a payment plan or has been given an extension to pay and is unable to make the required payment may have a modification to the payment plan or granted additional time to make a payment **not to exceed 10 days** (**note:** a modification to the payment plan does not change the original pay schedule unless it is in writing and signed by the Judge).
4. No extension to make a payment shall be granted over the telephone.

A \$15.00 Time Payment fee will be assessed if the entire fine and costs are not paid before the 31st day from Judgment in accordance with Section 133.103 of the Texas Local Government Code.

This order is effective as of 09/01/2024



Christina Fox

Honorable Christina Fox
Justice Court Precinct 4
Grayson County, Texas

PAYMENT PLAN APPLICATION

Justice Court, Precinct 4
Grayson County, Texas

Case Number: _____

(Please note a separate application must be filled out for each case pending)

STOP: Review the Standing Judicial Order Prior to Completing this form.

Upon approval, the defendant shall make an initial payment of 20% or \$50.00 (whichever is greater) to have an extension or payment plan established. Defendants that have a Capias Pro Fine issued must pay in full unless otherwise approved by the Judge. *Payments can be taken via Cash, Cashier's Check, Money Orders and Credit Cards ONLY.*

- Payment plans requiring more time than prescribed above **MUST** have approval by the Judge.
- A defendant who is already set up on a payment plan or has been given an extension to pay and is unable to make the required payment may have a modification to the payment plan or granted additional time to make a payment not to exceed 10 days (**note:** a modification to the payment plan does not change the original pay schedule).
- No extension to make a payment shall be granted over the telephone.
- A \$15.00 Time payment fee will be assessed if the entire fine and costs are not paid before the 31st day from Judgment in accordance with Section 133.103 Texas Local Government Code.
- **All information provided within this application must be completed by the defendant and must be current, accurate, and true. Please ensure to fill out all the required fields.**

PERSONAL INFORMATION:

NAME: _____ DATE OF BIRTH ____/____/____
Last First Middle

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____

PHONE NUMBERS: CELL ____ - ____ - ____ HOME ____ - ____ - ____ OTHER: ____ - ____ - ____

EMAIL (IF ANY): _____

DRIVER'S LICENSE/ID NUMBER: _____ STATE: _____ SEX: (circle one) MALE OR FEMALE

PLEA ENTERED:

Entering a plea of guilty or no contest may result in a conviction appearing on your criminal record or driving record. You should contact an attorney if you have questions or concerns regarding this issue.

The Transportation Code provides that the Texas Department of Public Safety may suspend the Defendant's driver's license following a conviction for certain offenses. *You should contact an attorney if you have questions or concerns regarding this issue.*

I, Defendant, in this case, waive my right to a jury trial and the other rights described above, and I hereby enter the following plea to the charged offense. (Choose One):

- Guilty
- Nolo Contendere ("No Contest")

And request to set up a payment plan with the Court. I understand that entering the plea indicated above may result in any or all of the following: a criminal conviction, and the assessment of a fine and court costs. **I further understand that I will be obligated by law to satisfy the Court's judgment in this cause.**

NAME AND PHONE NUMBER OF TWO (2) PERSONAL REFERENCES:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

WARNING: KNOWINGLY PROVIDING MATERIALLY FALSE INFORMATION TO THE COURT ON THIS APPLICATION IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND/OR A MAXIMUM FINE UP TO \$4,000.00.

PLEASE READ AND SELECT ONE OPTION:

I agree that I: 1) understand the STANDARD PAYMENT PLAN terms, 2) believe that I have the ability to successfully meet the payment plan terms; and 3) decline the opportunity for local program staff to review my payment ability information to consider lower monthly payments or a longer term than those provided in the standard payment plan. **Note:** Payment Ability Information Form **NOT** required.

Choose ONLY One Payment Plan Option

Option 1: Set amount based on total amount due.

AMOUNT DUE:	TIME ALLOWED:
\$99.00 OR LESS	30 DAYS
\$100.00-\$299.00	1-3 MONTHS
\$300.00-\$499.00	4-5 MONTHS
\$500.00-OR MORE	6 MONTHS

Option 2: Monthly payment of \$50.00 or 20% (whichever is greater) due on the 30th of each month to satisfy fine and court cost.

Option 3: Pay in full within 30 days.

I request for court staff to review my **payment ability information to consider** COURT SET PAYMENT PLAN or a longer term than those provided in the standard payment plan. **Note:** Pursuant to Collections Improvement Program 175.3(a)(3)(b), a **PAYMENT ABILITY INFORMATION FORM must be filed with this option.**

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 **Grayson County Justice Court**, their employees or agent. 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.

Defendant's Signature

Date