



COMAL COUNTY COURT AT LAW COMPLIANCE AND COLLECTIONS UNIT
APPLICATION FOR PAYMENT OF COURT COSTS, FINES AND FEES

CAUSE NO: _____

ANSWER ALL QUESTION IF NOT APPLICABLE, PLACE (N/A)

Name: _____
 (Nombre) Last (Apellido) First (Nombre) Middle (Segundo Nombre)

Street Address: _____
 (Direccion) Number (Numero) Street (Casse) Apt. City (Ciudad) State (Estado) Zip (Codigo Postal)

Mailing Address: _____
 (Direccion De Envio) Number (Numero) Street (Casse) Apt. City (Ciudad) State (Estado) Zip (Codigo Postal)

Home Phone Number: () _____ If no phone, give a number where you can be reached () _____
 (Telephono) (Secundo Telefono)

Cell Phone Number: () _____ Social Security Number: _____ - _____ - _____
 (Cellular) (Numero de Seguridad Social)

Sex: _____ Date of Birth: _____ Drivers License No.: _____ State: _____
 (Sexo) (Fecha de Nacimiento) (Numero de Icencia Para Manejar)

Single _____ Married _____ Seperated _____ Divorced _____ Education Level Completed _____
 (Solitero) (Casado) (Separado) (Divorciado) (Grado de Educacion)

Fiend () _____
 (Amigo) Phone No. (Telefono) Relationship (Relacio) Name (Nombre)

Friend () _____
 (Amigo) Phone No. (Telefono) Relationship (Relacio) Name (Nombre)

ASSETS: If you are not working, state why. If you are in school, state which school.

Employer: _____ () _____
 (Empleador) Name (Nombre) Address (Direccion) Phone No. (Telefono) Position (Puesto) How Long (La Duration)

Salary: _____ Hourly Wage \$ _____ Take Home Monthly Pay \$ _____
 (Salario) (Salario por Hora) (Salario Mensual)

How often are you paid? Weekly _____ Bi-weekly _____ Monthly _____ What day do you get paid? _____

PLEASE CHECK ANY OTHER SOURCE OF INCOME YOU RECEIVE: (Indique otro tipo de sueldo)

Welfare _____ Social Security _____ Retirement _____ Unemployment _____ Child Support _____ Disability _____
 (Asistencia de Social) (Retiro) (Desempleo) (Sestenimiento de Ninos) (Incapcidad)

Other than yourself, how many people do you support directly: _____
 (Cuantas Personas Mantiene) Number (Numero) Relationship (Relacion) Ages (Edad)

Creditors: (Mortgage Companies, Banks, Credit Cards, Finance Companies, Department Stores, ect.)
 (De Creditos y Deudad)

_____	\$ _____	\$ _____
Company Name (Nombre de Compania)	Balance owed (De Pagos)	Monthly payment (Pago Mensual)
_____	\$ _____	\$ _____
Company Name (Nombre de Compania)	Balance owed (De Pagos)	Monthly payment (Pago Mensual)