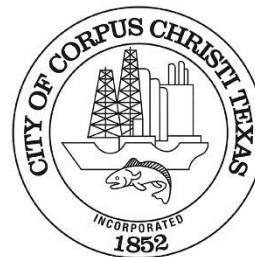


Corpus Christi Municipal Court

120 N. Chaparral Street

Corpus Christi, Texas 78401



Dear Customer,

The Municipal Court wants to make sure your experience with the Court is smooth and efficient, and that the time it takes to help you is minimized as much as possible.

We have prepared a packet for your convenience needed to begin the alternative options process for you to be considered for a payment plan or community service. Please read thoroughly and complete all the forms in the packet; then return to the Court to complete the process. Please be aware that your case(s) will not be updated until the packet is received and processed by the Collections staff, and your case(s) may become delinquent have a warrant issued if you fail to return.

Included in the packet is a:

1. Plea Form
 - a. A plea is to be entered for each case.
2. Financial Application
 - a. The Financial Application must be completed in full. There should be no blanks and a zero (0) or "N/A" should be entered where applicable.
 - b. Two (2) references (Names, Addresses, and Phone Numbers) are REQUIRED.
 - c. The Financial Application must be signed by the defendant after it is completed.
3. Payment Plan Documents List
 - a. You must bring documentation to show proof of all income and expenses listed on the Financial Application. This is REQUIRED.
4. **If you have a financial hardship, it is your responsibility to keep the Court informed. The Judge may be able to offer you other ways to pay or earn credit towards your fine and costs. For the Judge to consider such circumstances, you are required to provide timely and sufficient proof to the Court. Some samples of proofs you can provide the court are listed in the packet.**

We encourage you to report to the Court early as we may continue to experience a high volume of customers.

Please contact the court at (361) 826-2500 if you have any questions or concerns. We will return your call by the following business day.

STATE OF TEXAS
VS

§
§
§

IN THE MUNICIPAL COURT
CITY OF CORPUS CHRISTI
NUECES COUNTY, TEXAS

Cause Number: Offense:

THE COURT OFFERS THE FOLLOWING OPTIONS TO DISPENSE WITH YOUR CASE(S):

PLEASE CHECK ONE BELOW, DATE, SIGN AND MAIL:

**PLEA CHOICES FOR ABOVE REFERENCED MUNICIPAL COURT CASE
FILED AGAINST ABOVE NAMED DEFENDANT**

- NOT GUILTY**, waive my right to a jury trial and request a trial by JUDGE.
- NOT GUILTY** and request a trial by JURY.
- GUILTY** and pay a fine. (This option results in a possible conviction which may stay on the Defendant's record. A payment plan or a deferred disposition may be requested.)
- NO CONTEST** and pay a fine. (This option results in a possible conviction which may stay on the Defendant's record. A payment plan or a deferred disposition may be requested.)

PURSUANT TO CHAPTER 39 OF THE CODE OF CRIMINAL PROCEDURE

- Prior to entering my plea of guilty or nolo contendere, I have been made aware of my option to view all documents and evidence in my case, excluding those documents ordered withheld by a Court of proper jurisdiction.
- I decline to review the documents and evidence in my case.

Defendant's Signature

Date:

Parent/Guardian Signature

Date:

DATE

Attorney's Signature

Date:



MUNICIPAL COURT CITY OF CORPUS CHRISTI, TEXAS
Complete all information and print legibly. If not applicable, place "NONE"

Personal Information / Información Personal

Name/Nombre: _____			
Last Name(Apellido)	First (Primer Nombre)	Middle Name (Segundo Nombre)	Maiden/other (Apellido de Soltera/otro)
Date Of Birth: (Fecha de Nacimiento) _____ / _____ / _____		DL/ID# _____ State _____ (No. de Lic. De Conducir) (Estado)	
Address: _____			
(Dirección)	Number/Numero	Street/Calle	Apt. # City/Ciudad State/Estado Zip/Código Postal
Mailing Address: _____			
(Correo)	Number/Numero	Street/Calle	Apt. # City/Ciudad State/Estado Zip/Código Postal
Home Phone#: _____ (Teléfono de Casa)		Cell #: _____ (Celular)	Or, Number you can be reached (O, Numero a donde pueda se localizado)
Email Address :			
MARRIED/Casado _____ SINGLE/Soltero _____ SEPARATED/Separado _____ DIVORCED/Divorciado _____ OTHER/otro _____			
Are You Head Of Household? / ¿Es Usted Jefe de Familia? YES/ (Si) NO			
Number of Household Dependants: _____		Numero de Dependientes: _____	

Employment Information or Source of Income / Información De Empleo o Fuente de Ingresos

Employer/Source of Income: (Empleador/Fuente de Ingresos) _____	Unemployed (Desempleado) _____		
Address: _____			
(Dirección)	Number/Numero	Street/Calle	Apt. # City/Ciudad State/Estado Zip/Código Postal
Salary/Salario: \$ _____ Hourly/Hora ___ Weekly/Semanal ___ Bi-Weekly/Bisemanal ___ Monthly/Mensual ___			
Supervisor's Name: _____		Work Phone No: _____	
Year/Años: _____		Months/Meses: _____ Employed/Empleado	

References/Referencias

NAME: _____ (Nombre)	PHONE #: _____ (Numero de Teléfono)	RELATIONSHIP: _____ (Relación)	
Address: _____			
(Dirección)	Number/Numero	Street/Calle	Apt. # City/Ciudad State/Estado Zip/Código Postal
NAME: _____ (Nombre)	PHONE #: _____ (Numero de Teléfono)	RELATIONSHIP: _____ (Relación)	
Address: _____			
(Dirección)	Number/Numero	Street/Calle	Apt. # City/Ciudad State/Estado Zip/Código Postal

DISABILITY/DISCAPACIDAD

Are you disabled? Yes No
 Esta Usted discapacitado? Si No

How Long? _____
 Desde Cuando?

What is your disability?
 Cual es su discapacidad?

Are you under doctors care?
 Esta usted bajo cuidado medico?

If yes, name of doctor/hospital :
 Si su respuesta es si, nombre de medico y hospital

BANK ACCOUNTS/CUENTA BANCARIA

Savings - Cuenta de Ahorros-	Balance: Saldo:	\$ _____		Checking Account - Quenta Bancaria -	Balance: Saldo:	\$ _____
Savings - Cuenta de Ahorros-	Balance: Saldo:	\$ _____		Checking Account - Quenta Bancaria -	Balance: Saldo:	\$ _____

DISCRETIONARY EXPENSES/GASTOS DISCRECIONALES

Cable TV/Internet TV por cable/Internet	\$ _____		Cigarettes/Tobacco Cigarillos o tabaco	\$ _____
Restaurants (fast food) Restaurante (comida rapida)	\$ _____		Other: Otra	\$ _____
Clothes ropas	\$ _____			
Entertainment entretenimiento	\$ _____			\$ _____
Athletic Events/Concerts Eventos atleticos/conciertos	\$ _____			\$ _____
Recreational Activities Actividades recreativas	\$ _____			\$ _____
Lottery Tickets Lottery boletos	\$ _____			\$ _____
Money Sent out of Country Deniro enviado fuera del pais	\$ _____			\$ _____
Alcoholic Beverages Bebidas alcoholicas	\$ _____			\$ _____
Magazine/Newspaper subscriptions Subindice de revista o periodico	\$ _____			\$ _____
			Total Expenses: Gastos en Total:	\$ _____

FINANCIAL SUMMARY/RESUMEN FINANCIERO

Monthly Income / Ingresos Mensuales:		Monthly Expenses & Debts / Gastos Y Deudas Mensuales:	
Current Salary/ Income Ingreso Actual:	\$ _____	Rent/ Mortgage: Alquiler/ Hipoteca:	\$ _____
Spouse or others Income -required Ingreso de Cónyuge:	\$ _____	Utilities - Water, Electricity, etc: Servicios - Agua, Electricidad, etc:	\$ _____
Child Support: Pensión Para Hijos Menores:	\$ _____	Telephone/Teléfono: Cell Phone/Celular	\$ _____ \$ _____
Social Security Payments: Beneficencia Social:	\$ _____	Vehicle: Vehículo:	\$ _____
Disability Payments: Beneficios Por Discapacidad:	\$ _____	Insurance - Car, House: Seguro de Vehículo, Casa:	\$ _____
Unemployment: Desempleo:	\$ _____	Child Support: Pensión Para Hijos Menores:	\$ _____
Retirement Income: Ingresos de Jubilación:	\$ _____	Child Care/ Daycare: Gastos de Guardería de Niños:	\$ _____
Alimony Support: Pensión Alimenticia:	\$ _____	Food/Groceries: Comestibles:	\$ _____
Food Stamps: (Vales del Gobierno Para Comida):	\$ _____	Medical Expenses: Gastos Médicos:	\$ _____
Other Income Source: _____ Otros Ingresos: _____	\$ _____	Credit cards/other loans Medical expense/prescriptions:	\$ _____ \$ _____
OFFICE USE ONLY		OFFICE USE ONLY	
Total Monthly Income: Total de Ingresos Mensuales:	\$ _____	Total Expenses: Gastos en Total:	\$ _____
EXPENDABLE INCOME	\$ _____		

By signing below, I swear, under penalty of perjury, that all of the above information is current, accurate, and true.

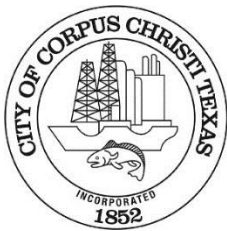
Al firmar abajo, yo juro, bajo pena de perjurio, que toda la información de arriba es actual, fiel y verdadera.

Date (Fecha)

Signature (Firma)

OFFICE USE ONLY

Date/Verified Received:		Verified By:	
Staff Recommendation:			
Payment in Full	Payment Plan	Extension	Restart/Redo/change of income
By Date:	Down Payment \$ _____	Payment _____	Down Payment
	Monthly Payment \$ _____	Pay by Date:	New Monthly Payment \$ _____



Corpus Christi Municipal Court

120 N. Chaparral Street
Corpus Christi, Texas 78401

Payment Plan Documents

The Municipal Court Collections and Compliance Section is available to assist customers in meeting their obligations to the City of Corpus Christi.

You are required to provide documentation of your income and expenses as you listed on your Financial Application. The documents must be submitted to the Collections and Compliance Section on or before your first payment due date.

Examples of each are listed below:

<u>Income</u>	<u>Expenses</u>	
Employment Pay Checks (most recent) -4 Checks if paid weekly -2 Checks if paid bi-weekly Child Support Letter Disability Letter Retirement Letter VA Benefits Letter Food Benefits Letter Other Source of Income	Child Support or other Court ordered payment House Payment (rent or mortgage) House Insurance Child Care/Daycare Telephone/Cell Phone Electricity Utilities Vehicle Payment Insurance: Automobile/Home/Health	Medical Expenses -Hospital Bills -Monthly Prescriptions Credit Card/Loan Expenses -Loans (Student Loans) -Rent A Center(s) -Pawn Receipts -Storage Fees Attorney Fees Court Fees from other courts/county Probation Fees

The Municipal Court Collections and Compliance Section hours are Monday – Friday from 8:00 a.m. to 4:00 p.m.

You may contact us by phone at 361-826-2500.

Payment In Person (Total Amount Due)	Payment By Mail (Total Amount Due)	Payment Online (Total Amount Due)
Check, Certified Check, Money Order, Or Credit Card (Visa/MasterCard) Monday-Friday 8:00 a.m. to 4:00 p.m.	<u>Mailing Address:</u> Municipal Court, 120 N. Chaparral St., Corpus Christi, TX 78401 <u>Must Include:</u> Court docket number(s) on the check or money order	https://www.municipalonlinepayments.com 