

City of Sealy Court Collections

P.O. Box 517, 415 Main Street, Sealy, TX 77474
979-885-6733 FAX 979-885-4784

(Please complete all information and please print legibly). Phone numbers are verified while at the window.

CITATION # _____

NAME: _____
(Nombre): **Last** (Apellido) **First** (Nombre) **Middle** (Segundo Nombre)

STREET ADDRESS: _____
(Direccion fisica) **Number** (Numero) **Street** (Calle) **Apt** **City** (Ciudad) **State** (Estado) **Zip** (Codigo)

MAILING ADDRESS: _____
(Direccion de Envio): **PO Box or Street** (Caja Postal o Calle) **Apt** **City** (Ciudad) **State** (Estado) **Zip** (Codigo)

SEX: _____ **DATE OF BIRTH:** _____ **DRIVER LICENSE NO.** _____ **SOCIAL SEC NO.** _____
(Sexo) (Fecha de Nacimiento) (Numero de licencia para manejar) (Numero de Seguro Social)

Married _____ **Single** _____ **Separated** _____ **Divorced** _____ **Number of Dependents** _____
(Casado) (Soltero) (Separado) (Divorciado) (Numero de dependientes)

PHONE: **8323027682** _____ **If no phone, number where you can be reached ()** _____
(Telefono) (Segundo numero donde se le puede comunicar)

CELL PHONE: _____ **Email Address:** _____
(Celular)

WORK PHONE: _____ **EMPLOYER:** _____
(Telefono de Trabajo) (Empleo)

EMPLOYER ADDRESS: _____
(Direccion de Empleo) **Number** (Numero) **Street** (Calle) **City** (Ciudad) **State** (Estado) **Zip** (Codigo)

\$ / Hour _____ **Weekly** **Bi Weekly** **Monthly**
(Sueldo por Hora) (Por Semana) (Por Quincena) (Mensual)

REFERENCES (Referencias)

List of Names, Addresses & Phone Numbers of Three (3) Personal References NOT Living With You or Each Other:
(Lista de nombres, las direcciones, y numeros de telefono de las referencias personales que NO vivan con usted o juntos):

_____ () _____
Name **Street Address** **Apt** **City & State** **Zip** **Phone** **Years Known**
(Nombre) (Calle) (Ciudad, Estado) (Codigo) (Telefono) (Anos Conocido)

_____ () _____
Name **Street Address** **Apt** **City & State** **Zip** **Phone** **Years Known**
(Nombre) (Calle) (Ciudad, Estado) (Codigo) (Telefono) (Anos Conocido)

_____ () _____
Name **Street Address** **Apt** **City & State** **Zip** **Phone** **Years Known**
(Nombre) (Calle) (Ciudad, Estado) (Codigo) (Telefono) (Anos Conocido)

MONTHLY INCOME- *Money Brought In*

SALARY (Sueldo Libre) _____

CHILD SUPPORT
(Sostenimiento de Ninos) _____

ALIMONY (Pension) _____

LONE STAR CARD
(Tarjeta de Lone Star) _____

WELFARE CHECK
(Asistencia de Social) _____

SOCIAL SECURITY
(Seguridad Social) _____

RETIREMENT (Retiro) _____

UNEMPLOYMENT
(Desempleo) _____

CHECKING AMOUNT
(Cuenta corriente bancaria) _____

SAVINGS AMOUNT
(Ahorros) _____

TOTAL _____

MONTHLY EXPENSES- *Money Paid Out*

RENT/MORTGAGE (Renta) _____

INSURANCE (Aseguramiento) _____

AUTO PAYMENT (Pago de Vehiculo) _____

(ELECTRIC/GAS (Electricidad/Gas) _____

PHONE (Telefono) _____

WATER/SEWER (Servicio Publico) _____

CHILD CARE (Guarderia) _____

CHILD SUPPORT (Sostenimiento de Ninos) _____

FOOD (Comida) _____

GASOLINE (Gasolina) _____

CREDIT CARDS (Tarjetas de Credito) _____

CABLE TELEVISION (Cablevision) _____

OTHER (Otros Gastos) _____

(CIGARETTES, ALCOHOL, LOTTO, ENTERTAINMENT, ETC.)

TOTAL _____

COMMENTS: _____

ACKNOWLEDGEMENT AND DECLARATION: UNDER PENALTY OF PERJURY I HEREBY CERTIFY THE FOREGOING IS A COMPLETE AND ACCURATE STATEMENT OF MY CURRENT FINANCIAL CONDITION. I AUTHORIZE CITY OF SEALY MUNICIPAL COURT COLLECTIONS TO CONDUCT A THOROUGH INVESTIGATION OF MY STATEMENTS. I UNDERSTAND THIS COULD INCLUDE VERIFICATIONS OF ALL INFORMATION GIVEN AND OBTAINING REPORTS FROM CREDIT REPORTING AGENCIES. IT IS WITH THIS UNDERSTANDING AND ACKNOWLEDGEMENT THAT I FORMALLY REQUEST AN EXTENSION OF TIME FOR PAYMENT OF FINES AND COURT COSTS NOW DUE AND PAYABLE TO CITY OF SEALY MUNICIPAL COURT.

RECONOCIMIENTO Y la DECLARACION: BAJO PENA DE PERJURIO YO POR LA PRESENTE CERTIFICO MI DECLARACION COMPLETA Y EXACTA DE MI CONDICION FINANCIERA ACTUAL. AUTORIZO LA CORTE MUNICIPAL DE LA CIUDAD DE SEALY PARA HACER UNA INVESTIGACION COMPLETA DE MIS DECLARACIONES. COMPRENDO QUE ESTO PODRIA INCLUIR COMPROBACIONES DE TODA INFORMACION DADOS Y INFORMES QUE OBTIENEN DE COBERTURA DE CREDITO AGENCIAS. ES CON ESTA COMPRENSION Y RECONOCIMIENTO QUE SOLICITO FORMALMENTE UNA EXTENSION DE TIEMPO PARA EL PAGO DE MULTAS Y TRIBUNAL CUESTA AHORA A LA CORTE MUNICIPAL DE LA CIUDAD DE SEALY.

WARNING: FILING FALSE INFORMATION WITH THE COURT IS A CLASS A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL AND A MAXIMUN FINE UP TO \$4,000.00.

I waive my right to a jury trial and plead no contest/guilty to the cause number(s) referenced on the reverse side, I hereby request to make payment arrangements to satisfy the judgment(s) against me. I also grant permission to be contacted via phone/text in reference to outstanding payments.

SIGNATURE: _____
(FIRMA)

DATE: _____
(FECHA)