

**PAYMENT PLAN QUESTIONNAIRE**  
(Please Complete and Bring with You to Court)

**PERSONAL INFORMATION:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City, State Zip: \_\_\_\_\_
4. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Driver's License No.: \_\_\_\_\_ Texas ID No. \_\_\_\_\_
7. Spouse's Name (if any): \_\_\_\_\_
8. Do you and your spouse live together? \_\_\_\_\_
9. No. of children living in your home you are obligated to support? \_\_\_\_\_ What ages? \_\_\_\_\_
10. Contact information (Name, address, telephone number) for two other friends or family members:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. Employer's name: \_\_\_\_\_
2. Work address and telephone no.: \_\_\_\_\_
3. Name and telephone no. of your immediate supervisor: \_\_\_\_\_
4. Length of employment with current employer: (No. of months/years) \_\_\_\_\_
5. List your job duties: \_\_\_\_\_
6. How often are you paid? (Circle One): (weekly) (bi-weekly) (semi-monthly) (monthly)
7. If you are not employed, explain why: \_\_\_\_\_
8. List the names of three (3) businesses where you have applied for work in the past three (3) months:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_
9. Does your spouse work? \_\_\_\_\_ If so, where? \_\_\_\_\_
10. How long? \_\_\_\_\_ What are his/her job duties? \_\_\_\_\_
11. How often is your spouse paid? (Circle One): (weekly) (bi-weekly) (semi-monthly) (monthly)

**INCOME:**

1. How much do you earn each pay period: \$ \_\_\_\_\_
2. If your spouse works, how does he/she earn each pay period: \$ \_\_\_\_\_
3. Do you receive any of the following, and if so, how much and when:
  - a) Social Security Check / Disability: \$ \_\_\_\_\_
  - b) Retirement Check: \$ \_\_\_\_\_
  - c) Worker's Compensation Check: \$ \_\_\_\_\_
  - d) WIC/AFDC: \$ \_\_\_\_\_
  - e) Food Stamps: \$ \_\_\_\_\_
  - f) Assistance from Family: \$ \_\_\_\_\_
  - g) Assistance from Social Agencies: \$ \_\_\_\_\_
  - h) Scholarships / School Financial Aid: \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

**EXPENSES:**

How much do you pay for the following expenses:

1. Rent/Mortgage: \$ \_\_\_\_\_
2. Utilities: (electric, gas, water): \$ \_\_\_\_\_
3. Food and Household necessities: \$ \_\_\_\_\_
4. Car Payment / Transportation (bus/train): \$ \_\_\_\_\_
5. Car Insurance: \$ \_\_\_\_\_
6. Medical Insurance: \$ \_\_\_\_\_
7. Car, Gasoline & Maintenance: \$ \_\_\_\_\_
8. Child Care: \$ \_\_\_\_\_
9. Court Ordered Child Support: \$ \_\_\_\_\_
10. Other Court Ordered Payments (Probation fees/Fines): \$ \_\_\_\_\_
11. IRS Taxes Liens/Levies: \$ \_\_\_\_\_
12. Credit Card / loans: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

**ASSETS:**

Which of the following items do you own and what are they worth?

- Car: (Make/Model) \_\_\_\_\_ Value: \$ \_\_\_\_\_
  - Truck: (Make/Model) \_\_\_\_\_ Value: \$ \_\_\_\_\_
  - Boat: (Make/Model) \_\_\_\_\_ Value: \$ \_\_\_\_\_
  - Jewelry: Value: \$ \_\_\_\_\_
  - Television: Value: \$ \_\_\_\_\_
  - Electronics: Value: \$ \_\_\_\_\_
  - Tools: Value: \$ \_\_\_\_\_
  - Furniture: Value: \$ \_\_\_\_\_
  - Musical Instruments: Value: \$ \_\_\_\_\_
  - Antiques: Value: \$ \_\_\_\_\_
  - Camping Equipment: Value: \$ \_\_\_\_\_
  - Lawn & Garden Equipment: Value: \$ \_\_\_\_\_
  - Real Estate: Value: \$ \_\_\_\_\_
- Location of Real Property: \_\_\_\_\_

**PAYMENT PROPOSAL:**

Based on my current financial condition, I can pay \$ \_\_\_\_\_ per month on the \_\_\_\_\_ day of each month.

I hereby swear or affirm that all statements contained in this payment plan questionnaire are true and correct to the best of my knowledge. I understand that any false statement made to the court in connection with this payment plan questionnaire may be prosecuted to the full extent of the law.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date