REQUEST FOR EXTENSION OF TIME TO PAY
You may submit this form online by clicking on the "Submit Form" button below, or
Return by mail or fax to:
Leander Municipal Court, 200 W. Willis St, Leander, TX 78641 Phone:(512) 259-1239
Fax: (512) 528-2713

CITATION NO:

OFFENSE**:**

FULL NAME: Driver's License # and State:

☐ I plead (no contest/guilty) and waive my right to a jury trial and request an extension of time to pay the fine and court costs in the amount of $. (Contact the Court for the amount). *By paying the fine, you are waiving your right to receive discovery information pertaining to your case. If you are requesting discovery information in regards to your case, you must follow the rules of Texas Criminal Procedure.*

☐ I understand that if I do not pay this amount in full within thirty (30) days from the date of Judgment, a pay agreement fee of $25 per offense will be added to the balance of fines and court costs due at that time and I will be put on a payment plan and will make payments in 3 monthly increments (if balance is $200 or less) or 6 monthly increments (if over $200) until paid in full. (If you need longer than 6 months to pay you MUST request that from the Judge).

☐ I UNDERSTAND THAT PAYMENTS ARE DUE ON THE SAME DATE OF EACH MONTH AS THE DATE OF THIS AGREEMENT. IF DATE FALLS ON WEEKEND OR HOLIDAY, PAYMENT IS DUE THE FOLLOWING BUSINESS DAY.

☐ I understand that if payments are not made as agreed, a capias pro fine warrant will be issued and additional fees may be assessed.

Date of Request (mm/dd/yyyy) Email

Mailing Address Home Phone

City, State, Zip Code Cell Phone

FINANCIAL INFORMATION *REQUIRED*:

Defendant's Place of Employment :
Defendant's Work Phone #:
Defendant's Monthly Income $

Spouse's (If applicable) Place of Employment:
Spouse's Work Phone #:
Spouse's Monthly Income: $

PAYMENT METHODS:
CASH OR MONEY ORDERS /NO CHECKS
PAY ONLINE: www.leandertx.gov under "PAY MY BILLS" ($2.95 fee)
CREDIT/DEBIT CARDS (with a $2 processing fee) by phone or in person

Reset CLEAR ALL FORM FIELDS Submit SUBMIT FORM

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