APPLICATION FOR PAYMENT EXTENSION
JUSTICE OF THE PEACE PCT. 2 LEE COUNTY, TEXAS

CAUSE (CASE) NUMBER(S) DATE / /

DEFENDANT'S PERSONAL INFORMATION

NAME DATE OF BIRTH / /

ADDRESS

STATE ZIP CODE EMAIL ADDRESS

PHONE NUMBER ( )

Drivers License Number State

I HEREBY ENTER A PLEA OF ☐ GUILTY ☐ NO CONTEST (CHECK ONE) AND WAIVE MY RIGHT TO A JURY AND BENCH TRIAL.

This is the ☐ First ☐ Second (Check one) request for an extension for payment made for this case.

Acknowledgement and Declaration:
By signing my name and initialing each of the spaces below on the left hand side of the page. I swear that all of the above information is current, accurate, and true.

Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars ($10,000). This information is required by state law.

It is with this understanding and acknowledgment that I formally request an extension of time for payment of fines, fees, and court costs due and payable to Lee County Justice of the Peace.

***READ AND INTIAL THE FOLLOWING:**

_____I UNDERSTAND THAT IF I AM GRANTED AN EXTENSION FOR PAYMENT OF FINES, COURT COSTS, OR ANY FEES THAT A $25.00 LATE PAYMENT FEE WILL ADDED TO THE BALANCE DUE.

_____I PROMISE THAT UNTIL MY FINES HAVE BEEN PAID IN FULL, I WILL NOTIFY THE JUSTICE OF THE PEACE PCT. 2 IN WRITING OR BY FIRST CLASS MAIL OR IN PERSON OF ANY CHANGES OF MY ADDRESS OR TELEPHONE NUMBER TO 200 S Main Room 114 Giddings, Texas 78942 or by email at jp2@co.lee.tx.us.

_____ DATE / /
DEFENDATS SIGNATURE