

Date started: _____

HARRISON COUNTY STANDARD PAYMENT PLAN CONTRACT

JUSTICE OF THE PEACE, PCT 4
200 WEST HOUSTON ST, RM 125
MARSHALL, TX 75670
903-923-4011
FAX 903-927-1826

NAME: _____

DOCKET# _____ DOCKET# _____

DOCKET# _____ DOCKET# _____

I AGREE TO PAY \$ _____ TODAY AND THE REMAINING BALANCE ON THE FOLLOWING SCHEDULE:

PAYMENTS OF NO LESS THAN \$ _____ WEEKLY/ MONTH UNTIL FINE AMOUNT IS PAID OFF

AFTER 30 DAYS A \$15.00 WILL BE ADDED ONE TIME TO EACH CHARGE

PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

_____ I UNDERSTAND THE TERMS OF THE ABOVE STANDARD PAYMENT PLAN

_____ I UNDERSTAND THAT IF I AM UNABLE TO MAKE A SCHEDULED PAYMENT, **I MUST CONTACT THIS OFFICE IMMEDIATELY AT 903-923-4011 TO DISCUSS OPTIONS**

_____ I ALSO UNDERSTAND FAILURE TO MAKE A SCHEDULED PAYMENT OR FAIL TO PAY COMPLETELY MAY RESULT IN THE DENIAL OF THE RENEWAL OF MY DRIVER'S LICENSE, THE ASSEMENT OF ADDITIONAL FEES AND THE **ISSUANCE OF A WARRANT FOR MY ARREST**

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

****PHONE NUMBER:** _____

****EMAIL ADDRESS:** _____

Email completed form to merediths@co.harrison.tx.us and libby@co.harrison.tx.us

PAY ONLINE AT payharrisoncojp4.govtportal.com YOUR DOCKET# WILL BE THE CITATION NUMBER

