

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 plead GUILTY
___ I plead NO CONTEST

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 (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:** _____

PAYMENTS CAN BE MADE ONLINE AT www.payharrisoncojp4.govtportal.com

