

**CITY OF CUT AND SHOOT
MUNICIPAL COURT**

PO BX 7364 Cut and Shoot, TX 77306

Phone: 936-264-3100 Fax: 936-264-3114

e-mail: cherylb@cutandshoot.org
[or waterclerk@cutandshoot.org](mailto:waterclerk@cutandshoot.org)

APPLICATION FOR PAYMENT PLAN

CITATION NO. _____

DEFENDANT’S NAME _____

Defendant’s request for a payment plan to pay a judgment (conviction) that has not gone to warrant.

A one-time \$25 extension fee (state ordered) is added per charge to the total fine amount.

Initial payment required is \$75.00

Payments may be made in person at the Court (Monday through Friday 8AM to 4:45PM); or by mail as follows: Check or money order payable to Cut and Shoot Municipal Court, PO Box 7364, Cut and Shoot, TX 77306. Please reference citation no. on the payment.

TOTAL AMOUNT DUE _____

I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO MAKE PAYMENTS EVERY 15 DAYS (UNLESS OTHERWISE ARRANGED) UNTIL MY FINES ARE PAID IN FULL.

IF DEFENDANT FAILS TO COMPLETE THE PAYMENT PLAN, A CAPIAS PRO FINE WILL BE ISSUED FOR THE REMAINING AMOUNT OF THE FINE AND WARRANT FEE ADDED.

Dated this ____ day of _____, 202__.

Defendant’s Signature

Witness