



City of Austin Municipal Court



APPLICATION FOR EXTENSION TO PAY

Please complete all information and please print legibly. Information below will be verified.

Enter Plea (if you haven't already done so)

I, _____ (print your name) plead "no contest" and waive my right to a trial by judge or jury to case # _____ charging with me the violation of _____.

I understand that this will result in a conviction which may be placed on my driving or other record.

Signature _____ Date _____

Information About You

Full Name (Last, First, Middle): _____

Mailing address: _____

Street

Apt.

City, State, Zip

Phone number: _____ Cell Home Work Other: _____

Phone number: _____ Cell Home Work Other: _____

Phone number: _____ Cell Home Work Other: _____

Employer: _____ Position/Title: _____

Employer Address: _____ City, State, Zip: _____

References

Please list Two (2) personal references (required):

1) Name: _____ Phone number: _____
Address: _____ Apt: _____ City, State, Zip: _____

2) Name: _____ Phone number: _____
Address: _____ Apt: _____ City, State, Zip: _____

