

APPLICATION FOR STAY OF EXECUTION

A **\$25.00** payment fee will be added if you are granted a Stay of Execution.
This fee will be added each time the Payment Plan exceeds a 12 month period.

**** PLEASE TYPE OR PRINT CLEARLY, FILL OUT COMPLETELY AND DO NOT LEAVE BLANK SPACES ****

DEFENDANT INFORMATION		
Last Name, First Name, MI		
Street Address, Apt. #		
City, State, Zip Code		
Phone (Home)	(Cell)	Birth Date
Social Security #	Driver's License/ID #	State
E-mail Address		
Employer	Phone #	
Employer Address		
City, State, Zip Code		
\$		
Pay Rate	Hours/Week	Pay Dates

SPOUSE INFORMATION		
Last Name, First Name, MI		
Employer	Phone #	
\$		
Pay Rate	Hour/Week	Pay Dates
REFERENCES – List Parent/Relative not living with you:		
Name		
Phone #		
Street Address, Apt. #		
City, State, Zip Code		
Name		
Phone #		
Street Address, Apt. #		
City, State, Zip Code		

Number of Adults in House:	Number of Children in House:
Amount of Cash on Hand \$	Do you have a Master Card or Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross monthly Income for Your Household	Basic Monthly Expenses
Your Earnings \$	Rent/House Payment \$
Spouse Earnings \$	Food \$
Retirement/Pension \$	Utilities (gas/water/trash/phone) \$
Social Security/Disability \$	Child Support/Alimony/Daycare \$
Child Support/Alimony \$	Car Payment \$
Welfare/AFDC/TANF \$	Insurance \$
Food Stamps \$	Credit Cards/Loans \$
Unemployment \$	Medical Bills/Expenses \$
Other \$	Other \$
TOTAL INCOME \$	TOTAL EXPENSES \$

I swear under penalty of perjury that the above information is true and complete, and I give permission for the Court to make any necessary contacts to verify the information. I UNDERSTAND THE AMOUNT WHICH I OWE THE COURT IS DUE IMMEDIATELY. I am requesting time to pay, which may or may not be granted.

Defendant's Signature: _____

Date: _____