

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 Pav 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: _____