

**IN THE MUNICIPAL COURT OF
THE CITY OF ROCKPORT, ARANSAS COUNTY, TEXAS**

THE STATE OF TEXAS

VS.

ORDER FOR INSTALLMENT AGREEMENT

ON THIS _____, the Defendant, having been found guilty by the Court and assessed the following fine of and court costs:

<u>CITATION #</u>	<u>AMOUNT</u>	<u>OFFENSE</u>
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Total Amount Due \$_____

has agreed to pay the fine and costs at designated intervals. If any portion of the fine and costs is paid on or after 31 days after the date of judgment, the Defendant shall pay an additional **\$25** on each offense with a balance on the 31st day as required pursuant to Section 133.103, Local Government Code.

IT IS THEREFORE ORDERED that the Defendant make payments as scheduled by this Order. Each payment will be due and payable as scheduled until the full amount is paid to the court.

SCHEDULED PAYMENTS

IT IS HEREBY ORDERED that the Defendant, _____, make payments in the amount of \$ _____ beginning on _____ until the total amount of \$ _____, plus any fees added after 30 days, is paid in full.

If the Defendant fails to comply, a capias pro fine may be issued for the Defendant's arrest. The capias pro fine will be issued for the remaining amount of the fine and costs plus a \$50 warrant fee. Defendant is **ORDERED** to notify the Court of any change of address.



Judge, Municipal Court
City of Rockport, Aransas County, Texas

The Defendant acknowledges the receipt of a copy of this Order and that Defendant understands the provisions of this Order and has the ability to fully comply with this Order. Further, the Defendant understands his/her responsibility to inform the Court of changes in his/her financial situation that may hinder his/her ability to satisfy either the judgment or any other order of the Court. The Defendant understands that his/her responsibility terminates only upon satisfaction of the judgment. The Defendant understands his/her responsibility to notify the Court of any change of address.

Date: _____

Defendant's Signature

Mailing Address

Physical Address

City, State, Zip

Employer Name

Telephone Number

Employer's Address

Driver's License #

e-mail address